ROCHELLE PARK RECREATION

Recreation Committee

151 W.Passaic Street ● Rochelle Park, NJ 07662
Tel: 201-587-7743 ● Fax: 201-587-1570

PROGRAM REGISTRATION/CONSENT FORM

NO REFUNDS

PROGRAM: **ROCHELLE PARK / MAYWOOD RAZORBACK YOUTH FLAG FOOTBALL PROGRAM**

Dates: September- November - 2014 **Times:** T/B/A

Location/Meeting Place: T/B/A

Special Instructions: _____**UNIFORM SIZE: Youth/Adult YS YM YL YXL AL**_____

Please circle one

Name of Participant (Last, First, Middle Initial)	**Age**	**Birth Date**
Home Address	**Sex**	**Phone Number**
Name of School		**Emergency Phone Number**
Parent's e-mail address	**Parent's cell number**	
The Success of this Program is **dependent on VOLUNTEERS.** Please indicate if you are interested in Coaching by placing an X next to the program you would like to volunteer for.	**Coaching YES** _____ **NO** _____ **Asst. Coach YES** _____ **NO** _____ **Age Group:** _____	
Physical Limitations (if any)	**Special Requests or Needs**	

I, the below signed, verify that all the information on the enrollment form is correct. By signing this form, I agree to abide by all rules and regulations established by the **Township of Rochelle Park.** I assume all risks and hazards incidental to such participation and accept personal responsibility for any damages resulting from such participation. I also waive, release, absolve, indemnify and agree to hold harmless Organizers, Officials, Participants, Sponsors, The Township of Rochelle Park and Borough of Maywood **along with its Departments and Committees,** The Rochelle Park Board of Education, and the State of New Jersey for any and all claims arising out of injury from such participation.

_____

(Parent/Guardian Signature) Date

I Consent to my child's participation in the 2014 **- Rochelle Park / Maywood Razorback Youth Flag Football Program.**

_____

(Parent/Guardian Signature) Date

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FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Fee $_____ **Check** _____**Check#**_____ **Rec'd by:** _____

Security Deposit $_____ Check # _____ Rec'd by: _____