



PEMBERTON TOWNSHIP RECREATION DEPARTMENT CRAFTY CRAFTERS REGISTRATION FORM

INSTRUCTOR: Carlene Mehl
FEE: \$40/Person (Residents Will Receive A \$10 discount)
LOCATION: Pemberton Township Senior Center (300 Brook Street, Browns Mills)
TIME: Tuesdays
Session I 5:30 to 6:15 pm Ages 3-5 (Parent Participation Required)
Session II 6:30 to 7:30 pm Ages 6 – 8
DATES: 6-Week Program /October 23rd – November 27th

CRAFTY CRAFTERS /OCTOBER – NOVEMBER 2018

Participant Name _____
Parent/Guardian Name _____
Address _____
Email Address _____
Birth Date _____ Grade (If Applicable) _____
Home Number () _____ Cell Number () _____
Emergency Contact Name _____
Phone Number () _____ Relationship to Participant _____

Does the participant have any special needs or medical concerns that should be brought to the attention of program staff? If any, please explain:

(Child's Name) _____ has my permission to participate in all activities and media coverage of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure services of a physician, to transport me/my child to the nearest medical facility for treatment & try to notify me/my emergency contact. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Pemberton, its supervisors, employees and all program volunteers, as well as other persons connected with Pemberton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

PAYMENT TYPE: _____ DATE RECEIVED: _____ CHECK BOX WHEN PROCESSED IN ACTIVE: