

PEMBERTON TOWNSHIP RECREATION DEPARTMENT
2018 FULL BODY CHALLENGE REGISTRATION FORM

INSTRUCTOR: Robin Heyward
FEE: \$55/Person (Residents Will Receive A \$10 discount)
LOCATION: Denbo Elementary School (1414 Junction Road, Browns Mills)
TIME: Mondays & Wednesdays / 7:00-8:00pm
Ages 55+ Must Have Medical Clearance
DATES: 8-Week Session /September 17th – November 7th

Please bring water bottle, towel or mat and wear comfortable clothing.

Please remove at dotted line below & keep for your information.

FULL BODY CHALLENGE /SEPTEMBER– NOVEMBER 2018

Participant Name _____

Parent/Guardian Name (If Minor) _____

Complete Address _____

Email Address _____

Birth Date _____ Grade (If Applicable) _____

Home Number () _____ Cell Number () _____

Would you like to receive text message updates about our programs and events? YES NO

If yes, what company provides your cell phone service? _____

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:

I hereby give permission for the above participant to appear in any media coverage that is approved by the Pemberton Township Recreation Department. YES NO

PLEASE READ/SIGN: I am registering myself and/or my child to participate in all activities of the above registered program. In case of emergency, I authorize the program's assigned personnel to administer basic first aid treatment, transport me/my child to the nearest hospital, and notify my emergency contact as quickly as possible. In the event of an emergency due to accidents beyond their control, I hereby release Pemberton Department of Recreation, its supervisors, employees and program volunteers, from all liability.

Signature

Date

FOR OFFICE USE ONLY:

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