



# EAST BRUNSWICK TOWNSHIP

Department of Recreation and Parks, 334 Dunhams Corner Road, East Brunswick, NJ 08816

Tel: 732-390-6797 Fax: 732-390-6818 Email: [recreation@eastbrunswick.org](mailto:recreation@eastbrunswick.org) Website: [www.eastbrunswick.org/recreation](http://www.eastbrunswick.org/recreation)

## ACTIVITY REGISTRATION FORM

Please Note, **Location of the Rutgers SAFETY Course:**

**Community Arts Center, 721 Cranbury Road, East Brunswick**

**Class Check-in Time is 6pm.**

**Late arrivals are not permitted.**

**Class will begin PROMPTLY at 6:15pm.**

**Refunds are not granted.**

**PLEASE PRINT NEATLY and COMPLETE ENTIRELY!**

Incomplete forms will be returned, voiding your registration.

	Participant Information
Full Name	
Street Address	
City, State Zip	
Phone	
Email*	
Program Name	Rutgers SAFETY Course
Program Code	431404 - 01
Class Date	October 10, 2017 - Check-in @ 6:00pm
Fee	\$40 for East Brunswick Resident \$45 for non-East Brunswick Resident

\* Please provide a current email for updates, schedule changes and other information pertinent to our programs.

Amount enclosed: \$ \_\_\_\_\_

Form of payment (circle one): CASH CHECK

Make check payable to: Township of East Brunswick and mail with this form to:

Department of Recreation and Parks, 334 Dunhams Corner Road, East Brunswick, NJ 08816

Please Note, **Location of the Rutgers SAFETY Course:**

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**Bring a writing utensil.**

**There is no food or vending available at the Arts Center so please bring your own beverage.**

**WAIVER AND RELEASE** - I hereby waive and release all rights and claims that I or my minor child, my heirs, executors and administrators may have now or that may come into existence against the Township of East Brunswick, its employees, officials, agents, successors and assigns as a result of or in connection with any activity sponsored by the Department of Recreation and Parks. I hereby acknowledge that my registration fee for any Recreation and Parks program does not include or entitle myself or my child to payment of medical expenses that may arise out of mine or my child's participation in any Recreation and Parks program. I acknowledge further that I assume responsibility for myself or my child's medical expenses. **I hereby acknowledge that the East Brunswick Department of Recreation and Parks may / may not (circle one) use myself or my child's photograph or likeness, and mine or his/her name in connection with public presentations, advertising, publicity and promotional efforts relating to any Recreation and Parks activities. If one of the preceding options is not circled, it shall be deemed an approval.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Parent  Guardian  Participant