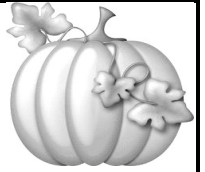


Fall 2020



Registration Form

For more information or if special accommodations are needed, please call us at (201) 837-7130 ext. 1.

REGISTRATION PROCEDURES

Send your form & proofs to:
Teaneck Recreation Department
250 Colonial Court
Teaneck, NJ 07666

MAIL-IN/DROP-BOX REGISTRATION will be accepted beginning **Monday, August 31**. This form may be used for registering for *multiple* Fall classes. If you use this form, you do not need to fill out the individual class forms. You may mail us your registration forms or utilize the **drop-box** in the Rodda Center Lobby; if you choose to do so, your application and proofs **MUST** be enclosed in an envelope. **DO NOT INCLUDE PAYMENT AT THIS TIME!** Once we process your application, we will contact you and let you know if you were accepted into your desired program(s); then you will have **48 hours (2 business days)** to come in with payment (cash or check only). If payment is not received within that time period, you/your child may lose your spot within the requested program(s).

When registering a child for classes they **must** be the required age by **September 21**. Children who are **not the correct age cannot be registered**. *If a child has a different last name than the parent/guardian, please provide documentation for clarity.*

Proof of residency and proof of age MUST accompany all registration forms (if a child has *previously enrolled* in one of our programs, proof of age will not be required). **Acceptable proof of residency includes:** a copy of a current driver's license with a Teaneck address, automobile insurance, utility bills, or tax bills. **Acceptable proof of age includes:** a copy of a birth certificate, passport, or immunization records. Family members *living in the same household* should include all their forms in one envelope to ensure they all arrive at the same time: **only one family per envelope. Please use one application per person; do not put multiple names on the same form.**

***Indicate the classes you are requesting below including days and times.
Provide an alternate class day/time if applicable.***

PARTICIPANT INFORMATION (please write legibly)

FALL 2020 ✂

Name: _____ Gender: _____ Date of Birth: _____

Address: _____ Primary Phone: _____
(Please include City/State/Zip if you are not a Teaneck resident)

*Email: _____ Secondary Phone: _____

*Please provide a current email address to stay up-to-date on any class changes or cancellations.

Do you/your child need a modification because of a disability/special need to enjoy this program? **yes** or **no** (circle one)

1. Class Name, Day, Time: _____
Alternate Class Day & Time (if applicable): _____

2. Class Name, Day, Time: _____
Alternate Class Day & Time (if applicable): _____

3. Class Name, Day, Time: _____
Alternate Class Day & Time (if applicable): _____

Pictures may be taken by a Teaneck Recreation employee to be use for publicity purposes. If you have any questions, concerns, or objections please contact the Recreation office in writing.

I agree that I do hereby assume all risks of injury to myself and/or my child participating in the program, and of loss or damage to personal property arising out of or incident to the above-mentioned activity. I further testify that I understand the program of activities in which I propose to engage. With this knowledge, I assume whatever risk such activities may entail or accrue to my person, child, property, or equipment and agree that I will not seek any claims for injury or liability against the Teaneck Recreation Department and/or the Township of Teaneck, its instructors and/or program leaders associated with this program.

Print Name: _____ Signature: _____ Date: _____

Township of Teaneck

Liability Waiver

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in all recreation activities, the undersigned acknowledges, appreciates and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I have reviewed and will adhere to all of Governor Murphy's Executive Orders including Executive Order #149, the Center for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for COVID-19 in all respects while using municipal facilities or participating in municipal activities, and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Township of Teaneck, their elected officials, commissioners, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS,
6. DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participants Name _____

Participants Signature _____

Date Signed _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date Signed _____

Emergency Phone Number _____