

Avon-By-The-Sea Recreation Commission

301 Main Street
Avon-By-The-Sea, New Jersey 07717
(732) 502-4517
E-mail: avonrec@optonline.net

REGISTRATION FORM

ACTIVITY _____ DATE _____

FEE \$ _____ PAID BY CHECK _____ CASH _____

SHIRT SIZE _____

A.R.C. AUTHORIZED SIGNATURE

NAME _____

ADDRESS _____

SCHOOL _____

SCHOOL GRADE _____

PHONE # _____ EMAIL _____

AGE _____ DATE OF BIRTH _____

COACHING Enthusiastic parents needed for coaching, no experience necessary.

_____ Coach _____ Assist Coach Phone# _____ +

By signing and returning this form, I hereby agree to permit my child to participate in the activity indicated above. Further I agree to assume responsibility for any injury or illness resulting from said activity, and do hereby hold harmless, and waive all rights and action I may have against the Borough of Avon, Avon Recreation and all other persons involved in the organization, or any facility involved in recreation programs. I/we will assume all responsibility for my/our child's transportation to and from games and practices. I/we agree to abide by all rules, regulations and policies set down by the Avon Recreation Department.

PARENT OR GUARDIAN SIGNATURE

EMERGENCY CONTACT PERSON

Please indicate the name, address and phone number of someone that you want to be notified in the event of an emergency. In an extreme emergency, the Avon First Aid will be called and then the emergency contact will be notified.

NAME _____ ADDRESS _____ PHONE# _____

MEDICAL INFO WE SHOULD KNOW ABOUT YOUR CHILD _____
