

Nicholas J. Sacco  
Mayor  
Hugo D. Cabrera  
Commissioner of Parks and Recreation



North Bergen Recreation Center  
6300 Meadowview Avenue  
North Bergen, New Jersey 07047  
(201)861-9601 (office)  
(201)453-0644 (fax)

**NORTH BERGEN**  
**RECREATION**  
**REGISTRATION FORM**

**PARTICIPANTS NAME: (please print )** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE AS OF DEC.31** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **LAST YEARS TEAM:** \_\_\_\_\_

**SPECIAL MEDICAL INFORMATION:** \_\_\_\_\_

**I, the undersigned or parent/guardian of the above name applicant, do hereby give permission for myself or the above name applicant to participate in this specific North Bergen Recreation activity.**

**I do assume all risks and hazards incidental to this trip, activity and transportation and so further release absolve and hold harmless the North Bergen Recreation its instructors and coaches, any or all of them.**

**I do further understand that accident insurance for this activity is secondary by the Township of North Bergen. Parents must submit thru their insurance first.**

**I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event that I or the above name child should require such attention during this activity.**

**PARENT'S NAME: (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INDICATE PROGRAM :** \_\_\_\_\_

Birth Certificate: \_\_\_\_\_  
Proof of Residency: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Check#: \_\_\_\_\_