YOUTH REGISTRATION FORM FALL/WINTER 2022/2023

MANCHESTER TWP. RECREATION DEPT.

Programs are on a first come first serve basis.
Resident mail in registrations are accepted immediately (before walk-ins).
Please mail entire registration form (do not cut).

RESIDENT MAIL IN DEADLINE: Mon. 10/10/22
Mail check & form to: Recreation Dept.
Manchester Twp.
1 Colonial Drive
Manchester, NJ 08759

WALK IN REGISTRATION:
Recreation Building @ Municipal Complex
Monday, Sept. 19 – Friday, Oct. 7, 2022
10:00a.m. to 3:00 p.m.

Please use Edmunds online registration to register for all our programs

The Department of Recreation reserves the right to cancel, change or postpone any program, trip or activity.

Make checks Payable to Manchester Township. NO REFUNDS will be issued once a program is in session. All fees are to defray administrative costs. There is a $20 charge for any returned check.

ONE FORM PER PARTICIPANT – PHOTO COPIES ARE ACCEPTED

PRINT - Participant's LAST Name ____________ FIRST Name ____________ Female Male (circle one) ____ Age ____ DOB ____ Grade ____

Street address ____________ Town ____________ State ____ Zip ____

Mother/Guardian ____________ Home Phone # ____________ Work Phone # ____________ Cell # ____________

Father/Guardian ____________ Cell or Work# ____________ Emergency Contact Name ____________ Phone Number ____________ Relation ____________

List any medical condition (s):______________________ Email Address:______________________ (Required)

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Shirt Sizes/Circle One (does not apply to all programs): YM; YL; AS; AM; AL; AXL

PLEASE – Separate checks are required for all programs indicated with an (*). Payments for multiple programs with an (*) can be on the same check. *Please note there is a 15% late fee for programs paid 3 business days & less prior to a program start date.*

YOUTH PROGRAMS

*$65 - Kum Sung Martial Arts (2+)
Checks payable to: Kum Sung
___ Sess. 1: (11/07 – 01/09)
___ Sess. 2: (01/23 – 04/03)
___ Sess. 3: (04/17 – 06/26)
* ___$65 - Jr. Golf (Ages 6-15)
* ___ $110 - Tumbling (Age 5-12)

___ $30 - Musical Theatre (Gr. 3- 12)
___ $40 - Girls Field Hockey (Gr. 5-8)
___ $50 - Biddy Basketball (Gr. 2-4)
___ $50 - Coed Jr. Basketball (Gr. 5-7)
___ $50 - Coed Sr. Basketball (Gr. 8-10)

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In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the hospital and attending physician selected by Manchester Township to take any necessary action, including surgery, anesthesia, or injections, that is in the best interest of my child.

Due to the strenuous nature of some activities, registrants should consult a physician prior to participation. It is the responsibility of the participants to inform the Recreation Dept. of any disabilities which may limit his/her participation in a program. Please note that participants assume the responsibility of all reasonable risks which may exist due to participation in Manchester Township sponsored programs. Accordingly, I waive all claims against Manchester Twp., for reimbursement of medical bills and damages sustained on account of any injury which may occur.

Parent/Guardian's Signature______________________________ Date ____________

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Received by:____ Entered by: ____ Check # ________Total Received $__________ Late fee: _____Receipt #__________ (C or T)
Received by:____ Entered by: ____ Check # ________Total Received $__________ Late fee: _____Receipt #__________ (C or T)
Received by:____ Entered by: ____ Check # ________Total Received $__________ Late fee: _____Receipt #__________ (C or T)