

**2026 SPRING/SUMMER ADULT REGISTRATION FORM  
MANCHESTER TOWNSHIP RECREATION DEPARTMENT**

**RESIDENTS ONLY:**

**MAIL IN REGISTRATION ENDS: Mon., June 15, 2026**  
 Mail check & form to:  
 Recreation Dept.  
 Manchester Twp.  
 1 Colonial Drive  
 Manchester, NJ 08759

**RESIDENTS ONLY: Mon., May 4~Fri., May 8**

**NON-RESIDENTS: Mon., May 11~Fri., May 15**  
**DROP OFF REGISTRATION:**  
 Recreation Department (Bldg. on Right Corner)  
 Manchester Township Municipal Complex  
 10:00 a.m. – 3:00 p.m.

**PAYMENT by CHECK or MONEY ORDER payable to:**

**Manchester Township ~ a \$20 fee will be imposed for any returned check.**

**PLEASE NOTE: All fees are to defray administrative costs and are NOT refundable.**  
 Late Fees will be charged if not registered within 3 business days of program start date

**PLEASE USE BLACK OR BLUE INK ONLY ~ ONE FORM PER PERSON - PHOTO COPIES ARE ACCEPTABLE**

<b>PRINT - Participant's LAST Name</b>	<b>FIRST Name</b>	<b>D.O.B.</b>	Male    Female	Circle One
Street address	Town	State	Zip	
Home Phone #	Work Tel. #	Cell #		
Emergency Contact Name	Emergency Contact #	Relationship		
List any medical condition _____		E-mail address: _____		

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

**Please  check the program(s) that you wish to participate in:**

**Write a separate check for programs with \* next to it.**

* ___ \$70 Yoga Tues. (7/14 – 09/15) * ___ \$70 Yoga Tues. (9/29 - 12/01)  * ___ \$175 Golf Ready per session (Check Sess.) ___ May ___ June ___ July ___ Sept.  Make checks payable to Kum Sung for programs below. *\$65 Kum Sung Karate (13 – Adult) * ___ Session 1 (5/18 - 7/27 no class 5/25) * ___ Session 2 (8/03 - 10/12 no class 9/07) *\$75 Kickboxing (13 – Adult) * ___ Session 1 (6/02-6/23) * ___ Session 2 (8/04-8/25)	___ \$50 Tennis 1.2.3.  *Trail Rides: * ___ Res.\$65per day * ___ 6/13 ___ 7/11 ___ 8/15 * ___ Non-Res.\$75per day * ___ 6/13 ___ 7/11 ___ 8/15  *Summer Equestrian Camp: * ___ Res.\$450 ___ Non-Res.\$500 (6/29-7/03) * ___ Res.\$450 ___ Non-Res.\$500 (7/06-7/10) * ___ Res.\$450 ___ Non-Res.\$500 (7/20-7/24) * ___ Res.\$450 ___ Non-Res.\$500 (8/10 - 8/14)
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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. Signing below indicates "I have read this declaration and agree to its contents".

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**~~~~~DO NOT WRITE BELOW THIS LINE ~ FOR RECREATION DEPARTMENT USE ONLY ~~~~~**

Received by: \_\_\_ Entered by: \_\_\_ Check # \_\_\_\_\_ Total Received \$ \_\_\_\_\_ Late fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ (C or T)  
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 Received by: \_\_\_ Entered by: \_\_\_ Check # \_\_\_\_\_ Total Received \$ \_\_\_\_\_ Late fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ (C or T)