

**PROGRAM REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Res. Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Father's Name/Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

<u>Registered Activities</u>	<u>Fees</u>	<u>Jersey</u>	<u>Fee</u>	<u>Size</u>
1. _____	\$ _____	Yes / No	\$ _____	_____
2. _____	\$ _____	Yes / No	\$ _____	_____
3. _____	\$ _____	Yes / No	\$ _____	_____

IN CASE OF AN EMERGENCY, AND PARENTS/LEGAL GUARDIANS ARE UNAVAILABLE, NECA HAS PERMISSION TO NOTIFY AND/OR RELEASE THE ABOVE NAMED CHILD TO ANY ONE OF THE FOLLOWING:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Coverage: \_\_\_\_\_ Subscriber # \_\_\_\_\_

Physician's Address: \_\_\_\_\_

PLEASE NOTE: The services/activities provided by the Newtown's Sports Program are intended for those individuals for whom it does not pose a threat to safety of themselves or others. The staff of the N.E.C.A. has my consent to take appropriate action for the safety and welfare of my child.

I hereby authorize NECA or any of its employees to refer said applicant, if injured or ill, to my family physician when I or my spouse cannot be reached. If no family physician is designated, NECA or any of its employees is authorized to select any physician when deemed necessary.

I, the undersigned, hereby waive all responsibility from the Newtown Estates Community Association, and any employee or volunteer acting with the permission of the Association from all liabilities arising from property damage and bodily injury which may be sustained by participating in the above activity.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date