

# TOWNSHIP OF PLAINSBORO / RECREATION AND COMMUNITY SERVICES DEPARTMENT

## SPRING 2010 - TEAM DANCE WAIVER/ RELEASE FORM

641 Plainsboro Road, Plainsboro NJ 08536  
 609 799-0909 ext. 332 or 351 Fax 609 799-7026 E-Mail recdept@plainsboronj.com

Please complete all information requested. Incomplete registrations will not be considered.

Registrations submitted via e-mail (option for no fee classes ONLY) will be considered on a first come – first served basis. Please note that in person registrations may be accepted prior to daily review of e-mail submissions. Confirmation of acceptance of online registrations will be made via return e-mail. Fee-based program registrations cannot be submitted on line. See instructions below.

PARTICIPANT INFORMATION – TEAM DANCE (AGES 11 – 18)		
NAME Last	First	M.I. or Nick Name
Street	City / State	Zip Code
Home Phone	Cell Phone	E-Mail **
Age and Date of Birth (if under 18)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent / Guardian Name (if participant is a minor)	Relationship	
Emergency Contact Name and Phone #	Relationship	
** Email info will not be shared outside of Plainsboro Twp Recreation and Community Services Department		
HEALTH / MEDICAL INFORMATION		
Note any health or medical condition(s) that could affect participation in this program by checking appropriate categories below.		
<input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiac <input type="checkbox"/> Circulatory <input type="checkbox"/> Perceptual <input type="checkbox"/> Allergies <input type="checkbox"/> Motor Skills / Mobility <input type="checkbox"/> Other		
If you checked any of the boxes above, please describe or name the condition		
Is the participant under a doctor's care for the above-named condition(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### ADDITIONAL INFORMATION

**Inclement Weather** If the municipal complex closes due to weather conditions, information will be posted on the main phone line. Instructors who cancel classes will contact their students directly.

**Photo Policy** By registering you/your child for the program(s) listed, you give permission for photos to be taken that may be used by the township or invited media. If you do not wish you/your child to be included in such photographs, you must submit this request in writing with registration.

**Behavior** Participants are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to make recreation department programs safe and enjoyable for all participants. Additional rules may be developed for particular programs as deemed necessary by staff. Participants shall:

- Show respect to all participants and staff
- Refrain from using foul language
- Refrain from causing bodily harm to other participants or staff
- Show respect for equipment, supplies and facilities

**Discipline** A positive approach will be used. The Plainsboro Department of Recreation & Community Services reserves the right to dismiss a participant. Each situation will be evaluated on its own merit.

With registration for a Plainsboro Department of Recreation & Community Services activity, the participant (or parent/guardian of a minor) assumes all risks associated with participation in the program, and hereby releases and holds harmless the Township of Plainsboro, its employees, partners, or volunteers from any claims of injury or losses of property that may occur as a result of participation in the activity. Neither the program leader nor any other staff or volunteers are responsible for minors prior to or after the scheduled program.

Participant (or Parent/Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

### **For Fee Based Programs**

Print form only. Contact Mary Jane Brady at 890-3252 to register or visit [www.jazzplainsboro-windsors.com](http://www.jazzplainsboro-windsors.com).

**Print this Form**