

# RUTGERS COMMUNITY PROGRAMS REGISTRATION FORM

236 West 73rd Street, NYC • 212-877-8227, x212 • jmoore@rutgerschurch.org

## PARTICIPANT

\_\_\_\_\_ \_\_\_\_\_ DD / MM / YYYY  M  F  
 FIRST NAME LAST NAME DOB GENDER  
(check one)

### PARENT 1 (Primary Contact)

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 FIRST NAME LAST NAME CELL PHONE EMAIL

### PARENT 2

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 FIRST NAME LAST NAME CELL PHONE EMAIL

### CAREGIVER(S)

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 FIRST NAME LAST NAME CELL PHONE

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 FIRST NAME LAST NAME CELL PHONE

### HOME ADDRESS/PHONE

\_\_\_\_\_ APT. # CITY/ZIP HOME PHONE  
 STREET ADDRESS

**ALLERGIES:**

**SPECIAL NEEDS:**

### Additional Emergency Contacts:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 FULL NAME RELATIONSHIP PHONE

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 FULL NAME RELATIONSHIP PHONE

CODE	CLASS NAME	DAY	TIME	AMOUNT

How did you hear about us? \_\_\_\_\_

PLEASE MAKE ALL CHECKS PAYABLE TO: **RUTGERS PRESBYTERIAN CHURCH**  
 TO PAY BY CREDIT CARD, GO TO: [www.rutgerschurch.org](http://www.rutgerschurch.org)

RUTGERS COMMUNITY PROGRAMS PARTICIPANT'S  
**Waiver, Release and Consent**

Activity: \_\_\_\_\_

Dates: \_\_\_\_\_

Participant's name: \_\_\_\_\_

I hereby release and discharge Rutgers Presbyterian Church and its constituent organizations and their officers, agents and employees from any and all claims for personal injuries or property damage that may be suffered as a result of participation in the activity described above.

I hereby warrant and represent that I / my child am/is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given by a duly licensed medical doctor within the last six months, and I know of no change since receiving that advice that would affect the opinion of said medical doctor.

I / my child agree(s) to abide by the rules and regulations governing the above-described activity and to obey an instructions given by the person or persons having supervision and control over the activity.

I hereby authorize that if my child requires emergency medical care and I cannot be reached, I give my consent to Rutgers Presbyterian Church Community Programs to obtain the necessary medical care for my child. If my child has allergies and I have provided an Epi-Pen to Rutgers, I authorize instructors trained in the use of Epi-Pen to administer it to my child if necessary. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after emergency medical care is provided.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Register online at <http://www.rutgerschurch.org/register>**

You can also follow us on Facebook at [www.facebook.com/rutgerscommunityprograms](http://www.facebook.com/rutgerscommunityprograms)



**[www.facebook.com/rutgerscommunityprograms](http://www.facebook.com/rutgerscommunityprograms)**