

Community Education Department
1876 Dr. Dennis Foreman Drive, Mays Landing, NJ 08330
REGISTRATION FORM

Name: _____ Age: _____ Belt: _____

Mailing Address: _____

_____ Zip: _____

Telephone (day): _____ (Evening): _____

E-Mail _____

Contact In Case Of Emergency: _____ Phone: _____

“In consideration of acceptance of my registration I, intending to be legally bound do hereby, for myself, my child, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damage which I and/or my child/children may have or acquire against the organizers (Twp. of Hamilton) of this program individually or collectively for any and all injuries suffered by me or my child/children at or during said program.”

All returned checks will be charged a \$35 service fee. NO REFUNDS!

Signature: _____ Date: _____

(*If registrant is under 18 yrs. of age, parent/guardian must sign)

Activity: **Karate**

Location: **Hess Gym**

Fall Session 2015: (Tues. & Thurs. - \$75)

_____ Time: **6:00 p.m.**

(10/6/15 to 12/17/15)

_____ Time: **7:00 p.m.**

Return Registration and Payment Prior to Session

Community Ed. Dept.

1876 Dr. Dennis Foreman Drive

Mays Landing, NJ 08330

FOR OFFICE USE ONLY

Amount Paid: _____ Check # _____ Cash _____ Other _____

Received by: _____ Date: _____

Receipt: _____ Notes: _____