Somers Point
Community Education/Recreation Program

Phone: (609) 927-2053 Ext. 3101

— REGISTRATION FORM —

NAME _____
LAST FIRST

RESIDENCE _____
NUMBER & STREET CITY

HOME TELEPHONE _____ CELL TELEPHONE _____

COURSE TITLE _____

IF CHILDREN'S PROGRAM PLEASE INDICATE: AGE_____ DATE OF BIRTH_____ GRADE_____

DAY/TIME CLASS MEETS _____

— For Office Use Only —

_____ AMT. PAID

_____ BALANCE DUE

_____ BALANCE PAID

_____ TOTAL AMT. PD.

☐ CASH
☐ CHECK
☐ MONEY ORDER

_____
DATE

In consideration of acceptance of this 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 may have or acquire against the organizers (Somers Point Board of Education) of this program individually or collectively for any and all injuries suffered by me at or during said program.

SIGNATURE_____