



KEARNY GENERALS FOOTBALL REGISTRATIONS

Recreation Commission meets
on the 3rd Wednesday of each
month at Town Hall at 7:30pm

Where: Kearny Recreation Department
402 Kearny Avenue
When: Monday, June 5 through Friday, July 7, 2017
Time: 9:00 A.M. TO 4:30 P.M.
Fee: \$35.00 includes all equipment and uniforms

Open to: BOYS/GIRLS GRADES 2 THROUGH 8 AS OF **SEPTEMBER 2017 School year**

Copy of Birth Certificate must be submitted with registration form unless previously submitted

A Doctor's Physical and School Verification forms will be provided at time of registration for all players

PRACTICE WILL START ON OR AROUND AUGUST 7, 2017 AT VET'S FIELD.at 6:00pm

For further information please call the Kearny Recreation Department at 201-955-7983.

Kearny Recreation Football Registration Form

Name _____ Address _____ Email: _____

Date of Birth _____ Age _____ School _____ Grade _____

Home Phone _____ Cell Number: _____ Emergency Number _____

Contact Person: _____ Health Insurance Carrier: _____ Policy No: _____

Yes, I'm interested in COACHING, ASSISTANT COACHING OR VOLUNTEERING (CIRCLE)

NAME: _____ **CONTACT NUMBER:** _____

Approval and Permission for Photos: I/we the undersign understands and agrees that photographs may be taking during recreation programs and I/we herby give permission to have his/her photo taken and authorize the use of said photos taken by the Town of Kearny Recreation Department or its representative to be published in local newspaper or Town's web page.

YES _____ or NO _____ if Yes, Please sign _____

Has your child ever participated in a Kearny Recreation Program: Yes or No

Please read and sign below:

I/We the parents/guardian of the above named child, do hereby give my/our approval to his/her participation in any and all activities. I/We do assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities: and do further hereby release, absolve, indemnify and hold harmless the Town of Kearny and the organizers, sponsors, and supervisors: any or all of them. In case of injury, to my/our child I/We waived all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/we will furnish his/her certified birth certificate upon request.

Signature _____ Date _____
(Parent or Guardian)

Please read and sign reverse side

FOR OFFICE USE ONLY:

Registered By: _____ Date: _____ Fee: _____ Check/Cash/Money Order