



Town of Kearny

Recreation Department

402 Kearny Avenue
Kearny, NJ 07032
Phone 201-955-7983
www.kearnyusa.com

Youth Activity Registration Form

Activity: _____ Boy Girl

Childs name: _____ Date of birth: _____ Age: _____

Address: _____

Home phone: _____ Cell Phone: _____ Parent/Guardian email: _____

Name of school: _____ Grade: _____

Emergency #: _____ Emergency contact name: _____

Name of health insurance carrier: _____ Policy #: _____

Has your child ever participated in a Kearny recreation program: Yes No

Please provide us with any necessary medical information: _____

Proof of residency and birth certificate are required

****PLEASE READ AND SIGN BELOW AND RETURN FORM TO THE KEARNY RECREATION DEPARTMENT***

I/We the parents or legal 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 waive 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 the child's certified birth certificate upon request.

Signature: Parent or legal guardian _____ Print name _____ Date _____

Signature: Parent or legal guardian _____ Print name _____ Date _____

For Town of Kearny Recreation use only: Birth certificate Proof of residency

Fee: _____ Paid Cash Check #: _____

Registered by: _____ Date _____

Comments: _____