



ROCHELLE PARK RECREATION

Recreation Committee

151 W. Passaic Street • Rochelle Park, NJ 07662

Tel: 201-587-7743 • Fax: 201-587-1570

PROGRAM REGISTRATION/CONSENT FORM

PROGRAM: Rochelle Park Volleyball Program – Grades 6th thru 12th

Dates: Thursday, January 7, 14, 21, and 28, 2010

Time: 7pm -9pm

Location/Meeting Place: MIDLAND SCHOOL MULTIPURPOSE ROOM

Special Instructions: SNEAKERS REQUIRED

Name of Participant (Last, First, Middle Initial)	Age	Birth Date
Home Address	Sex	Phone Number
Name of School	Grade	Emergency Phone Number
Parent's e-mail address	Parent's cell number	
Family Doctor's Name	Doctor's Phone Number	
Physical Limitations (if any)	Special Requests or Needs	

I, the below signed, verify that all the information on the enrollment form is correct. By signing this form, I agree to abide by all rules and regulations established by the **Township of Rochelle Park**. I assume all risks and hazards incidental to such participation and accept personal responsibility for any damages resulting from such participation. I also waive, release, absolve, indemnify and agree to hold harmless Organizers, Officials, Participants, Sponsors, The Township of Rochelle Park **along with its Departments and Committees**, The Rochelle Park Board of Education, and the State of New Jersey for any and all claims arising out of injury from such participation.

Name

Date

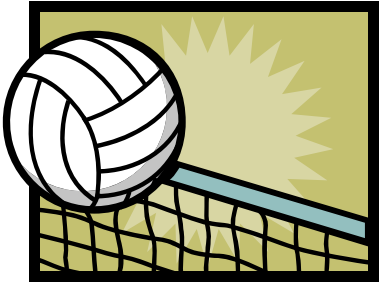
I Consent to my child's participation in the 2010 Volleyball Program.

(Parent/Guardian Signature)

Date

FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Fee \$ -0- Check Check# Rec'd by:



ROCHELLE PARK RECREATION VOLLEYBALL

2010 REGISTRATION

OPEN TO ALL ROCHELLE PARK RESIDENT CHILDREN

GRADES 6 THRU 12

Mail completed application by Friday, December 18, 2009 to:

**Township of Rochelle Park
Attn: Recreation/Volleyball
151 W. Passaic Street
Rochelle Park, NJ 07662**

Parent/Guardian Name _____

Parent/Guardian Signature _____

E-Mail Address _____ Cell # _____

Health Insurance Carrier _____

Emergency Contact Name _____ Relationship _____

Phone # _____

Contact: Rochelle Park Recreation 201-587-7743 for additional information

Website: www.rochelleparknj.gov

