

OCEAN CITY RECREATION DIVISION  
OCEAN CITY, NJ 08226

18880

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Phone No. \_\_\_\_\_

Winter Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Activity Detail: \_\_\_\_\_

Week(s): \_\_\_\_\_

Session: \_\_\_\_\_

WAIVER FOR PARTICIPANT

In consideration of your accepting my entry, I hereby, for myself, my child, my heirs and administrators, waive and release any and all rights and claims for damage I or my child may have against the City and Recreation Department or School District, and it's representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

No refund will be issued unless it adheres to the City policy.

Signature: \_\_\_\_\_

(Parent's signature needed if under 18 years old)

Are you willing to coach? Yes \_\_\_\_\_ No \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Circle one: Did/Did Not Pay Reg. Fee: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_