



# TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004  
PHONE: 973-882-2700 DEPT. EXT. 2510  
FAX: 973-808-1917

RECREATION DEPARTMENT

## RECREATION REGISTRATION FORM FOR ALL YOUTH SPORTS

Name \_\_\_\_\_

Program Name: \_\_\_\_\_

Male/Female (circle one) Grade once program begins \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Concussion Screened

### Volunteer Coach

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Head or Assistant (circle one)

Fingerprinted \_\_\_\_\_

Rutgers's Certified \_\_\_\_\_

**IF A MEDICAL CONDITION EXISTS, PLEASE EXPLAIN HERE (physician's clearance may be required):**

**\*\*\*PLEASE NOTE THOSE PLAYERS THAT REGULARLY MISS PRACTICE CANNOT EXPECT THAT THEY WILL PLAY IN A GAME THE SAME AMOUNT AS A PLAYER WHO SHOWS UP ALL THE TIME.**

**\*\*\*ADDITIONAL INFORMATION FOR YOUTH/ADULT SPORTS PROGRAMS\*\*\***

*\*\*7<sup>th</sup> & 8<sup>th</sup> graders trying out for Middle School teams may sign up but must notify the Recreation Office; if they make the school team and withdraw from the Recreation program before uniforms are ordered, they will receive a full refund. Once uniforms are ordered, they will receive a partial refund; once the season begins, no refunds will be issued. If practice is not regularly attended, playing time may be affected.*

**UNIFORM SIZE (If applicable):**      **Shirt Size (please circle one):**    Y/S   Y/M   Y/L   A/S   A/M   A/L   A/XL  
**Shorts/Pants Size (please circle one):**    Y/S   Y/M   Y/L   A/S   A/M   A/L   A/XL

I, \_\_\_\_\_ (or parent/guardian of \_\_\_\_\_), hereby authorize the Twp. of Fairfield, Dept. of Recreation and emergency care personnel to provide and render necessary medical care and treatment of myself and/or the registered child for any illness or injury, which may be suffered at any time while participating in Dept. of Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member will be secured in the event that any medical treatment is to be undertaken, but that should any emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the Twp. of Fairfield, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I understand that the Twp. of Fairfield provides NO insurance coverage for this activity. I further agree to indemnify and hold harmless the Twp. of Fairfield, in the promotion and/or conducting of said program(s) identified above, from any claim I might make or any and all third party claims or damages arising in connection with participation with or in the stated programs.

Required Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form you agree to our Parent's Code of Conduct policy and our emergency waiver policy.

**Return to:** Fairfield Recreation Department—221 Hollywood Ave

**Registration form must accompany all payments. Make checks to Fairfield Recreation**

For Office Use Only

Fee \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

\_\_\_\_\_ CASH    \_\_\_\_\_ CHECK    \_\_\_\_\_ CREDIT CARD