



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*****

***7th & 8th 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 (which can be found on our website) 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