## **Neptune Recreation Rookie Rugby Registration 2016**

Telephone: (732) 869-1202

Child's Name	Age:
Address:	Phone:
(During program time) #1 Emergency Contact / Relationship :	Phone:
#2 Emergency Contact / Relationship :	Phone:
Liability Release	
	(Participant's Name/s)
	gram offered through Neptune Township Recreation. byees and / or volunteers agree to abide by all safety sion of safe programs and activities.
	erent in participation in the Rookie Rugby program.  ny son / my daughter / my ward are greater than the
nsk assumed. Thereby, for myself and for	(participant name/s)
waive and release all damages against the Towns and Rookie Rugby Program, for any and all injurious ward may sustain while participating in the Rookie	es and / or losses I / my son / my daughter / my
	pokie Rugby program, you agree to adhere by the Children should be dropped off and picked up by an aff.
No Refund Policy Due to program space limits, please note that the Rookie Rugby program begins.	re are no refunds issued, for any reason, once the
	cipants in our program as they participate in group on in our Rookie Rugby program, you automatically e take for promotional purposes.
I have read and agree to above terms of partic	ipation.
Date: Signature:	
	Parent / Guardian
Make check payable to: Neptune Recreation	2201 Heck Avenue, Neptune, NJ 07753
Office Use Only: Date Reg rec'd	Paid \$ check / cash Init