

# Butler Recreation Department

One Ace Road - Butler, New Jersey 07405  
 (973) 838-7903 • Fax: (973) 838-3762  
 June 1 - Labor Day  
 (973) 838-7045

NAME \_\_\_\_\_ / \_\_\_\_\_  
Last First Parent or Guardian

ADDRESS \_\_\_\_\_ / \_\_\_\_\_  
Street Town Home Phone # Emergency Phone #

## PROGRAM

STONY BROOK SWIM CLUB       SOFTBALL  \_\_\_\_\_      KINDERGYM   
 SUMMER RECREATION       SKIING       YOGA       SWIMMING LESSONS   
 VOLUNTEER, COACHING, CHAPARONE Yes  Program \_\_\_\_\_  
 OTHER  \_\_\_\_\_

## PARTICIPANTS

FAMILY       COUPLE       INDIVIDUAL       STUDENT       SENIOR CITIZEN

NAMES	DATE OF BIRTH	CURRENT GRADE / SCHOOL	PHOTO ID	SHIRT SIZE

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

IN CONSIDERATION OF THE BENEFITS TO THE RESIDENTS FROM PARTICIPATION IN THE RECREATION PROGRAM OF THE BOROUGH OF BUTLER, THE UNDERSIGNED PARENT DOES HEREBY WAIVE THE RIGHT TO MAKE ANY CLAIM AGAINST THE RECREATION COMMITTEE, OR THE BOROUGH, OR THE BOARD OF EDUCATION BY ANY REASON OF INJURY - OR DAMAGE SUSTAINED BY THE PARTICIPANTS WHILE PARTICIPATING IN OR GOING TO OR FROM ANY ACTIVITY OF SAID COMMITTEE AND I DO HEREBY FURTHER WAIVE ANY LIKE CLAIMS AGAINST ANY PERSON DIRECTING OR ASSISTING IN SAID PROGRAM.

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT: CASH  \_\_\_\_\_ CHECK  NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND THAT I AGREE TO OBEY THE RULES AND REGULATIONS GOVERNING BUTLER RECREATION ACTIVITIES.

email: \_\_\_\_\_

APPLICANT'S SIGNATURE (ADULT)