

The Youth Center

16 Hampton Road

Glen Gardner, NJ 08826

Phone: 908-537-4594 Fax: 908- 537 6549

REGISTRATION FORM

PLEASE COMPLETE EVERY LINE. (One per child)

Child's Name: _____

Nickname: _____ Gender: _____ Age: _____ Birth date: _____

Allergies/Restrictions/Physical Limitations: _____

T-SHIRT SIZE (check one): Child-MD Child-LG Adult-SM Adult-MD Adult-LG

Parent's Names: _____

Marital Status: _____ Married _____ Separated _____ Divorced _____ Widowed _____ Single

Email address: (for Youth Center use only) _____

Mailing Address: _____

City/State: _____ Zip: _____

Street Address (if different) _____

Town/Township where child resides: _____ County: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Public school child attends or will be attending: _____

Please check one of the following photo options: I do / I do not consent that photos, DVD and videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website or as The Youth Center desires, free of any claim on my part. NAMES WILL NOT BE USED.

COURSE REGISTRATION & PAYMENT:

Program/Class Title _____ Date of 1st Class _____ Time of Class _____

Program Fee \$ _____ plus \$30.00 Annual Membership Fee (if not current) = Amount of this Payment \$ _____

(The first and last month's tuitions are required for Preschool, Karate and year-round programs and are non refundable.)

Persons who are authorized to assume responsibility for child if neither parent is available:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Child's Doctor: _____

Address: _____ Phone _____

In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.

For purposes of required statistics for corporate funding, please list:

Mother's employer: _____ Father's employer: _____

By my signature I attest to the following:

- I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements.
- That the above information is correct.
- I will not hold The Youth Center employees or any persons affiliated responsible for any accident or injury incurred during my child's/children's presence/involvement at the Center or at the sports fields used.
- I realize there are no refunds or credits given for any reason and staff and/or scheduling may be subject to change.

Parent/Guardian's Signature _____ Date _____

No confirmation will be mailed. Unless otherwise noted, please report to first class. Use a separate registration for each child.

Mail registration & payment to: The Youth Center, 16 Hampton Rd., Glen Gardner, NJ 08826 and call with any questions (908) 537-4594.

Child will not be able to participate without parent's signature and entirely completed form with no alterations.

NO REFUNDS OR CREDITS GIVEN FOR ANY REASON.