

Blairstown Department of Recreation, 106 Route 94, Blairstown, NJ 07825

Registration/Waiver Form and Procedure

Registration closes one week prior to the start of the program or if the program has already been filled at an earlier date!

Payment and Form must be received at this time.



Registration may be In-Person, Mail-In or Drop off Box.
Drop off Box is located outside the Municipal Building. Sorry, no phone-in.

Forms will be stamped the date it is received.

TWO telephone contact numbers must be listed on form.

Registration/Waiver Form

Program _____ Participant _____

Address _____ Telephone #1 _____

Age (if under 18) _____ Grade _____ DOB _____ Adult (check) _____

Emergency Contact #2 _____ Telephone _____

Session _____ Amount encl. \$ _____ Non.-res.Fee _____

Email _____

Medical/Allergy Info if Applicable _____

I am aware that Blairstown Township Recreation Department does not provide accident insurance. I agree to hold harmless the Township, staff, and volunteers from any liability for any injury which may occur while participating in this program. I understand the Staff, and volunteers cannot administer any medical assistance or aid in case of a medical emergency. I am aware that in case of an emergency 911 will be contacted along with the contact numbers I have listed on this form. I am aware the School Nurse is not on duty during the time this program operates.

I agree that my child/I will uphold all safety requirements of COVID-19 and COVID-19 Variants. I give my permission for the Blairstown Department of Recreation to use any activity photographs or video of myself/child.

Parent's/Adult Participant Signature _____ Date _____