Green Brook Recreation Committee Registration Form (Please print all information)

Child's Last Name		First Nan	First Name			Date of Birth		
					Mal	le [] Female []	
Street		City		Zip Co	ode			
Phone Number School		School		Grade		Parent/Guardian Name		
Parent/Guardian	Address (if not the	e same) City	7	Zip Code	Phone	·		
Would you like to	apply for a coacl	hing position?*	[] Yes	[] No				
Family Hospitaliz	zation	Acco	ount Number					
Please list any me a regular basis: _		or physical limitatio		d be aware	of including any	y medications your	child is taking on	
Physician's Name	;			Physic	cian's Phone		_	
Program (Check	all that apply):							
□ Boys'		[] Recreation			Archery	[] Cheerleading	[] Wrestling	
□ Girls'		[] Traveling			Arts & Crafts	s [] Folk Dancing	[]Bus Trip	
□ Mens'		[] Camp			Baseball	[] Soccer	[]Ski Trip	
□ Ladies'		[] Other			Basketball	[] Softball	[] Other	
Shirt size (check	1):							
Youth: Adult:		l [] Medium [] Larş l [] Medium [] Lar		•				
I, the Green Brook transportation and	Recreation Comm	hereby agree						
		Brook Recreation ion and loss of wag		will not be re	esponsible for a	any other expenses	incurred relating	
	emergency, if no or medical facility	ne of the above emo	ergency num	ibers can be	reached, I auth	orize treatment at t	the nearest	
Participant's Sign	ature (parent/guar	dian if under 18 ye	ars of age)					
		reation Committee are f						
Recreation Use C		[] Forms Veri						