

# Washington Borough Recreation Department

## Karate / Self-Defense - Session 2 – 2013/2014

December 6th thru Feb 7th 2013

Each session is 10 weeks long. Classes are held Friday nights from 6:30 to 7:30 at Taylor Street Cafeteria.

**NON-REFUNDABLE REGISTRATION FEE**

Shirt Size: YS YM YL YXL

Please make checks payable to Borough of Washington

AS AM AL AXL  
(circle one)

Registration Fee: \$50 per participant

Enrollment can be limited at the Recreation Department's discretion

**PLEASE PRINT:**

Parent or Guardian Name _____
Player's Name _____ Male _____ Female _____
Date of Birth _____ Age _____ Grade _____ Phone # _____
E-mail Address _____
Home Address _____ City/State _____ Zip Code _____

**PLEASE DON'T FORGET THIS INFORMATION!!!!**

PHYSICIAN \_\_\_\_\_ PHONE# \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE # \_\_\_\_\_

**EMERGENCY CONTACTS:**

1. \_\_\_\_\_ PHONE # \_\_\_\_\_

2. \_\_\_\_\_ PHONE # \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS OR ANY OTHER CONDITIONS THE COACHS SHOULD BE AWARE:**

\_\_\_\_\_  
\_\_\_\_\_

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

**If I, or the emergency contacts, cannot be reached by phone, I give my permission for the instructors to call a doctor or send the above named participant to the hospital or doctor's office in case of emergency.**

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Fee paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Washington Borough Recreation Department  
100 Belvidere Avenue; Washington, NJ 07882

[www.washingtonboro-nj.org](http://www.washingtonboro-nj.org)

# Washington Borough Recreation Parent Consent to use of Child's Images on the Washington Borough Website

From time to time, the Recreation Program records digital images of players participating in youth sports activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community.

It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families ***no identifying information (name, age, etc.) will be included with any child's picture.***

## Consent to use of child's Image on Washington Borough Web Site, Please check one box

Yes, the undersigned parent or legal guardian of \_\_\_\_\_ (player's name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting:\_\_\_\_\_.

No, the undersigned parent or legal guardian of \_\_\_\_\_ (player's name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

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Signature of Both Parents or Legal Guardians

Date

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Printed name of Parents or Legal Guardians