

# PARK AND RECREATION REGISTRATION FORM

MAILING: 1 SOUTH MAIN ST, GLASSBORO, N J 08028 PHONE: 856 881-1515 FAX: 856 881-3975  
LOCATION FOR REGISTRATION: SOUTH DELSEA DR PARK- 152 S. DELSEA DR, GLASSBORO 08028

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_ REG. FEE \_\_\_\_\_

IF APPLICABLE

ACTIVITY \_\_\_\_\_ PREVIOUS TEAM \_\_\_\_\_

## PLEASE READ:

- Please make sure an information sheet has been filled out or updated with any changes.
- Refunds given **only** before an activity begins. Parents are responsible for calling the Park and Recreation Office. If a refund needs to be issued the Borough may use the signature below for my approval to issue the refund. Credits/Transfers will be issued after an activity begins with P & R office approval.
- I understand that some activities may have limited team availability (ex: soccer, basketball). Should availability become an issue participant will be placed on a team on a first come first served basis.
- In no way does the Commission deny registration to any child who cannot (for financial reasons) pay the registration fee. All such individuals should contact the Director for a private meeting.
- All Participants are responsible to familiarize themselves with all Borough of Glassboro Ordinances ( Ch 351 in Glassboro Code) including but not limited to Code of Conduct(#02-12) also, all Federal and State regulations.  
Copies Available upon request.

I have read and agree with the above statements:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ INFO. SHEET ON FILE YES \_\_\_ NO \_\_\_

INFORMATION SHEET UPDATES: (ie: Insurance, phone#, sizes etc.)  
\_\_\_\_\_

## VOLUNTEER'S NEEDED:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ OTHER \_\_\_\_\_

ALL VOLUNTEERS MUST HAVE STATE AND FEDERAL BACKGROUND CHECK, BEFORE BEING ABLE TO COACH. FORMS LOCATED IN THE PARK AND RECREATION OFFICE THE COST WILL BE REIMBURSED OR A CREDIT WILL BE GIVEN TO YOUR CHILD.

INFORMATION PARK AND RECREATION FORMS ARE ALSO NECESSARY TO FILL OUT.  
THANK YOU FOR VOLUNTEERING.

## OFFICE USE ONLY :

MemberID \_\_\_\_\_ FamilyID \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ BILL (needs office approval) \_\_\_\_\_

PARTIAL PAYMENT \_\_\_\_\_ CREDIT USED/GIVEN \_\_\_\_\_

WAITING LIST DATE \_\_\_\_\_ LATE FEE \_\_\_\_\_ BC needed \_\_\_\_\_

REC'D IN OFFICE BY \_\_\_\_\_ Date rec'd \_\_\_\_\_