Neptune Recreation Mad Science Registration 2017

Child's Name	Age:
Address:	Phone:
(During program time) #1 Emergency Contact / Relationship :	:Phone:
#2 Emergency Contact / Relationship :	:Phone:
Recreation supervisors / leaders / aides / e by all safety and procedural guidelines for it. I acknowledge the risks and potential for risk However, I feel the possible benefits to myrisk assumed. I hereby, for myself and for waive and release all damages against the and hold the Township of Neptune harmless	would like to participate in the Mad eptune Township Recreation. The Neptune Township employees, contractors, and / or volunteers agree to abide the provision of safe programs and activities. sks inherent in participation in Mad Science Camp. self / my son / my daughter / my ward are greater than the
	o of Neptune for any damages, loses or expenses incurred entional wrong doing or negligence of myself or
	our Mad Science program, you agree to adhere by the oon. Children should be dropped off and picked up by an gram staff.
No Refund Policy Due to program space limits, please note the Science begins.	hat there are no refunds issued, for any reason, once Mad
Date: Parent / Guard	lian Signature:
Make check payable to: Neptune Recrea Questions? (732) 869-1202	ation, 2201 Heck Avenue, Neptune, NJ 07753
Office Use Only: Date Reg rec'd	Paid \$ check / cash Init