

Discovery Basketball 2022

Parent/Guardian must stay with participant

Form can be mailed to Barnegat Recreation 900 W. Bay Ave, Barnegat, NJ 08005 or
emailed to Barnegatrecspecialneeds@gmail.com

Parents Name	Mailing Address	City	State	Zip

Home Phone	Cell Phone	Emergency Phone	Email

Participant Information (You can register up to 4 individuals from the same family on this form)				
First Name:	Last Name	DOB	Activity Name	Fee
			Discovery Basketball	\$0
			Discovery Basketball	\$0
			Total Fees	\$

How would you describe your child's disability? Please answer for all children registered.

Physically Disabled _____

Multiply Disabled _____

Developmentally Disabled _____

Autistic _____

Learning Disabled _____

Other Disabling Condition _____

Non-Disabled _____

In consideration of the acceptance of my application for entry into the above event, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, and/or property which I may have, or which hereafter accrue to me, against the entity and result of my participation in the event. This release is intended to discharge the entity, its agents and employees, and any other involvement municipalities or public entities from and against any liability may arise out of negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

Date _____

Signature of Participant/ Parent/ Legal Guardian