

HUNTERDON COUNTY DIVISION OF PARKS & RECREATION

DEPARTMENT OF PLANNING AND LAND USE

Mailing Address: PO Box 2900, Flemington, NJ 08822-2900

Office Location: 1020 State Highway 31, Lebanon, NJ

Telephone (908) 782-1158 Fax (908) 806-4057



E-mail: parks@co.hunterdon.nj.us Website: www.co.hunterdon.nj.us/depts/parks/parks.htm

THIS FORM MUST BE RETURNED WITH THE MEDICAL RECORD.

Once the medical record is on file, we can use the same medical record for all subsequent programs. If your medical history has changed, please submit a new medical record.

PARTICIPANT'S NAME _____ RECEIPT # _____

TODAY'S DATE _____ DATE OF BIRTH _____ GENDER (optional) _____

PARENT/GUARDIAN NAME (if minor) _____

PHONE (h) _____ (w) _____ (c) _____

ADDRESS _____
street town state zip

EMAIL ADDRESS _____ check here to be added to our email list

PROGRAM	DATE	LOCATION	TIME	FEE

FEE ENCLOSED: \$ _____. Make check payable to "Hunterdon County Parks." Fees are listed in the *Hunterdon Parks Harbinger* and on the website and are used to offset the cost of the program.

IMPORTANT POLICIES: (Participant or parent/guardian, please read and provide authorized signature.)

- 1. Cancellation requests must be in writing. NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS MADE LESS THAN ONE WEEK PRIOR TO THE PROGRAM.**
2. Payment is due in advance of the program with this registration form & the medical record. Please mail it to the PO Box listed above or drop it off at the office location. Cash or check accepted.
- 3. I have read and understand these policies and consent to myself or my child participating in the above referenced program(s).**

 (Signature of Participant or Parent/Guardian for minor) Date: _____

(Revised 5-2020)

ACCESSIBILITY STATEMENT: It is the policy of the County of Hunterdon to provide reasonable accommodations to person with disabilities upon advanced notice of need. Persons requiring accommodations should make a request at least 2 weeks prior to program attendance.