



Township of Upper

2100 Tuckahoe Road, Petersburg, NJ 08270

Mail: PO Box 205, Tuckahoe, N J08250-0205

609-628-2011 FAX 609-628-3092

recreationdepartment@uppertownship.com

Please Print

Pass Type & #: _____ / _____
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 Check #: _____
 Recived By: _____
 Date Paid: _____

Amanda's Field Skatepark Registration Form

Participants Name: _____	Parents Name: _____
Gender: _____	
Address: _____	
Town: _____	State: _____ Zip: _____
Home Phone: _____	Other Day Phone: _____
Emergency Contact: _____	Emergency Phone: _____
School Attending: _____	
Date of Birth: _____	Age _____
Physicians Name: _____	Phone Number _____
Insurance Company: _____	Policy No. _____
Please note any special medical conditions/ allergies: _____	

I, the participant or parent/guardian of the below named candidate, by applying to participate at the Amanda's Field Skatepark Facility in Upper Township, hereby give my approval to participate. I am aware that there are unique dangers and risks involved in skateboarding, rollerblading, inline skating and bicycling at this facility, including the risk of serious physical injury. Having knowledge of these risks and being allowed to participate at the Amanda's Field Skatepark, I hereby assume all risk of injury, damage, liability and hazards incidental to such participation. In case of emergency, I authorize Upper Township personnel, trained volunteers and Upper Township Rescue Squad to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest emergency facility for treatment in case of emergency, and to try to notify me/ my contact person.

In the event of injury due to accidents beyond their control, I do hereby waive, release, absolve, indemnity and agree to hold harmless the Township of Upper, Upper Township Recreation Department and the Upper Township Rescue Squad, its supervisors, employees, and all program volunteers, as well as, other persons connected with Township of Upper from all liability, all claims and right of recovery relating to personal injury or property damage that I or my child may sustain by reason of my/our voluntary participation in equipment or facilities therein.

In addition, I fully understand and will abide by all rules and regulations as outlined on the reverse side of this form and as posted at the Skatepark.

Parent/ Guardian Signature: _____

Date: _____

Participant Signature: _____

Date: _____
