



**FRELINGHUYSEN RECREATIONAL
AEROBICS
REGISTRATION FORM**
(One Person Per Registration Form)



Registrant's Name: _____

AGE: _____ SEX: M F

Mailing Address: _____

Home Phone: _____ Cell: _____ email: _____

Emergency Contact: _____

Home Phone: _____ Cell: _____ email: _____

REGISTRATION FEES: All fees to be paid in full at time of registration.*

\$35.00 Per quarter / \$65.00 Semi-Annual / \$120.00 Annual

2-day per week maximum participation.

Cash: _____ Check Amount: _____ **Check #: _____

**All additional family members receive a 20% discount.*

***Please make all checks payable to: Frelinghuysen Township Recreation**

**Please return in person or mail to: Frelinghuysen Municipal Building, 210 Main Street,
Johnsonburg, NJ 07825**

DISCLAIMER

Please use good, sound judgement during inclement and / or hazardous weather conditions, or any event that may affect the safety of any persons involved in Frelinghuysen Township recreational programs. In the event that Frelinghuysen Township schools are closed, The Frelinghuysen Rec Center will also be closed.

WAIVER OF LIABILITY

I, certify that I am physically able to study physical disciplines, and I hereby assume responsibility for my participation. I am aware that participation in ANY recreational activity may cause serious injury, and I hereby waive, release, absolve and agree to hold harmless The Frelinghuysen Township Recreation and The Township of Frelinghuysen, its officers, sponsors, coaches and participants from any claim arising asa result of this participation.

SIGNATURE

DATE