

TRUNK or TREAT
Saturday, Oct. 28, 3:30pm at ESCC
999 Lower Ferry Road
Bert Steinmann, Mayor

2017 TREATER Registration

Ewing Rec. Dept. and Ewing Arts Commission offer Trunk or Treat as a safe and fun alternative for families to enjoy!

This form is to register Treater's Only. Call the ESCC at 609-883-1776 or REGISTER ONLINE AT : communitypass.net

Any questions please email tforst@ewingnj.org for more info.

Participating Treater's are requested to register early. Registration can also be done at sign in at the event. To register on the day of the event arrive between 2:30p.m. – 3:00 p.m.

All Treater's must be in Eighth grade or below, Ewing residents, wearing a costume and accompanied by an adult.

Please return completed form to Ewing Rec. Dept., 999 Lower Ferry Rd., Ewing, NJ 08628
Please list Treater's Name and Ages below

Name: _____	DOB _____	Grade: _____
Name: _____	DOB _____	Grade: _____
Name: _____	DOB _____	Grade: _____
Name: _____	DOB _____	Grade: _____

Parent/Guardian _____

Home Address: _____

Home Phone: _____ Cell: _____ Email: _____

ASSUMPTION OF RISK AND IMAGE RELEASE FORM

I give permission for my child, and/or myself to participate in this program.. It is the responsibility of individuals participating in a Township activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the Township will make reasonable conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize Ewing Township Community Activities. ***I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the program regardless of the time elapsed.***

Signature: _____ Date: _____