

EWING SENIOR & COMMUNITY CENTER ADULT GYM AND WEIGHT ROOM PROGRAM REGISTRATION FORM 2018

Registrations will be taken or mailed to the Ewing Senior & Community Center
999 Lower Ferry Road, Ewing Township, NJ 08628. Phone: (609)-883-1776.

**A resident family is considered members of the same family unit permanently residing at the same legitimate Ewing address. A family unit is defined as parent(s), legal guardian(s) and their immediate dependents. A dependent is defined as a natural, foster or adopted child or any minors the adult(s) have legal custody of. Age is determined as of the present date.*

MEMBERSHIP FEES			
RESIDENTS	Month/Year	NON-RESIDENTS	Month/Year
Family(3 or more) _____	\$45/\$500	Family(3 or more) _____	\$55/\$600
Family (2 people) _____	\$40/\$400	Family (2 people) _____	\$50/\$500
Adult(18&over) _____	\$30/\$300	Adult(18&over) _____	\$40/\$400
Child (U-17 or FTS) _____	\$20/\$200	Child(U-17 or FTS) _____	\$30/\$300
Senior(over 60) _____	\$20/\$200	Senior(over 60) _____	\$30/\$300
Senior(2 or more) _____	\$30/\$300	Senior(2 or more) _____	\$40/\$400
FTS – Full Time Student			

Please make all checks/money orders payable to: Ewing Recreation Department.

Programs: *The programs that exist are the 35 and over, Early Bird Basketball & Lunch Time Basketball.*

Programs are cancelled on Township holidays unless posted otherwise.

Guests: *Fee is \$5.00 residents & \$8.00 non-residents per visit.*

Seniors: *Can exercise between 9:00a.m. – 11:00a.m. daily for free.*

COMPLETE BOTH SIDES AND RETURN COMPLETED FORM

Monthly: _____ Yearly Package: _____ Twp. Employee/Family: _____ Daily: _____
(Write in month you are paying for) (Check if employee or immediate family)

Name: _____ DOB: _____ Age: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Parent/Guardian Email (under 18 yrs. old): _____

Medical Conditions: _____

Emergency Contact: _____ Phone: _____

FOR OFFICAL USE ONLY

Amount Paid: \$ _____ Cash: _____ Check: # _____ Municipay: _____

Received By: _____ Date: _____ Receipt: # _____

All Ewing Recreation Sports and Activities

ACKNOWLEDGEMENT OF RISK

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in the above-mentioned activity presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death.

While the possibility of serious injury to participants is unlikely, it is important that all participants realize that these risks do exist.

AGREEMENT

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named participation in this program. I have received, read and understand the risks. I understand that I must obey all rules and regulations and follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. I understand the risk associated with this program, and I agreed to accept our responsibility.

I certify that I am in proper physical condition for safe participation in the Ewing Senior and Community Center Adult Gym and Weight Room and I agree that it is incumbent upon me to immediately inform the Ewing Township staff should my physical condition change at any time prior to or during my participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Township permitting me to participate in the previously mentioned program, the undersigned, _____ hereby waive and relinquish all claims I (we) may have as a result of said person participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department and Ewing Township Mayor and Council, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its officers, agents, servants, and employees from any and all such claims.

Participant : _____

Parent or Legal Guardian : _____
(If applicable please indicate which)

Print Name : _____

Signature

Date