

Hackensack Recreation Dept.  
Mailing Address: 65 Central Ave., Hackensack, N.J. 07601  
Recreation Office: 116 Holt Street  
Phone: 201-646-8042 Fax: 201-646-8044

# HACK. YOUTH TRACK - 2017 SPRING REGISTRATION

AGES: 7 through 14

COST: \$120.00 - Cash, Checks or Money Orders only. Make checks payable to: CITY OF HACKENSACK

Deadline to Register: March 3, 2017

Where to Register: Hackensack Recreation Dept., 116 Holt St., Hackensack

When to Register: Monday through Friday, 9 AM to 6 PM

COPY OF BIRTH CERTIFICATE IS REQUIRED AND MUST BE ATTACHED TO REGISTRATION FORM.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

In case of an Emergency, please indicate the name and phone number of person to be contacted:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Tee-Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

## PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

DESIGNATED SPORT: HACKENSACK YOUTH TRACK

SPONSORED BY: HACKENSACK RECREATION DEPT.

Please list any physical limitations (Allergies, hearing, sight, etc.): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Cash ( ) Check #: \_\_\_\_\_ By: \_\_\_\_\_

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