

**EGG HARBOR TOWNSHIP PARKS AND RECREATION
After-School Tutoring Registration Form**

Child's Name		TEACHER'S NAME:	
Date of Birth		School:	Grade:
Parent's/Guardian's Name		Parent's/Guardian's Name	
Phone ()	Phone ()	Phone ()	Phone ()
Address		Address	
Email address:		Email address:	
Subject(s) to Tutor		Strong Subject(s)	

TUTORING DAYS AND TIMES (CIRCLE DAYS AND TIMES YOU WISH TO SCHEDULE)

FIRST CHOICE	M	T	W	TH	TIME:	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM
SECOND CHOICE	M	T	W	TH	TIME:	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM
THIRD CHOICE	M	T	W	TH	TIME:	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM
FOURTH CHOICE	M	T	W	TH	TIME:	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM

Total # of One Hour Classes You are registering for: _____

Dates Scheduled: _____

NOTE: There are no refunds, unless the program is canceled by the Recreation Department.

In consideration of acceptance of this application, the undersigned parent or legal guardian agrees and represents as follows:
 I am the parent or legal guardian of the above named child. I hereby agree to follow all registration requirements.
 I understand that there are certain risks of injury inherent in recreational activities 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 activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation.
 In taking advantage of this activity, I, intending to be legally bound, do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damage which I/or my child may have or acquire against the organization (Egg Harbor Township Department of Parks and Recreation) of this program individually or collectively for any and all injuries suffered by me/or my child at or during said program. **MY SIGNING OF THIS FORM INDICATES THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE. IF FURTHER UNDERSTAND THAT SHOULD ANY OF IT BE FOUND TO BE FALSE, I OR MY CHILD WILL BE REMOVED FROM THE PROGRAM.**

Signature of Parent/Legal Guardian: _____

Today's Date: _____

FOR OFFICE USE ONLY - CLASS #999		
TOTAL NUMBER OF HOURS X \$30.00 PER HOUR EQUALS AMOUNT DUE: _____		
AMOUNT PAID: _____	DATES AND TIMES SCHEDULED	INSTRUCTOR
[] CASH	1. _____	_____
[] CHECK NO. _____	2. _____	_____
[] CREDIT CARD: _____	3. _____	_____
DATE: _____	4. _____	_____
INITIALS: _____		