

Program Registration
Consent Form



Order Number (In confirmation e-mail following payment) # _____ Date: _____

Program Title and Level: _____ Program Session: _____

Personal Information

Name: _____ Sex: M_ F_ Age: _____ DOB: _____

Name of Parent (if under 18): _____

Phone: (____) _____ - _____ Email: _____

Address: _____

Emergency Contact: _____

Relation to participant: _____ Primary Phone: (____) _____ - _____

Medical History

Is the Participant named above in good health: Yes/ No If not, please explain:

If above is under 16 years old – Was participant enrolled in school for the 2014-2015 school year:
Yes/ No If not, please explain: _____

Assumption of Risk Statement

I, _____, have registered for a Community Recreation Program at New Jersey City University. I am fully aware of the actual and potential risks of personal injury (including serious injury and death) inherent in this activity. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for myself or above named as well as medical expenses incurred as a result of injury or illness to myself or above named.

Signature: _____ Date: _____

Parent Signature (if under the age of 18): _____ Date: _____

Please complete if participant is under 18 Years of age:

The Law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in an extreme emergency, without parents/guardians being contacted and fully informed.

I give my permission for such diagnostic/therapeutic procedures as may be deemed necessary for above named, and to present information concerning his/her medical condition to other responsible University officials when requested.

Above named's Name: _____ Age: _____ DOB: _____

Parent/ Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Return to:
THE OFFICE OF COMMUNITY RECREATION
JOHN J. MOORE ATHLETIC AND FITNESS CENTER
110 CULVER AVENUE JERSEY CITY, NJ 07305
Phone: (201) 200-2528 Fax: (201) 200-2365
E-mail: comrec@njcu.edu Website: njcu.edu/comrec

No person(s) will be permitted to participate in any program without submitting this document



Terms and Conditions Form

The following is to be carefully read and signed by the participant or parent of participant if under 18:

1. Enrollment of the above named identified below shall not be accepted by the University unless this "Terms and Conditions" form is signed by participant or the Parent/Guardian of the above named herein.
2. Knowing and having been informed of the potential dangers and risks associated with community recreation courses and in consideration of above named/ward being allowed to participate in the said program, I hereby agree on behalf of myself, my family members and above named/ward to assume all such risks and, further, to waive, release, discharge and hold harmless any chosen community recreation facility, the Director, New Jersey City University, Camps including clinics and course and their respective employees, agents, representatives, first responders and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, above named's/ward's participating in the above activity. These Terms and Conditions extend to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, above named/ward and our heirs, executors, administrators, guardians or anyone else who might assert a claim on our behalf.
3. I hereby consent to permit all staff working at the camp to provide emergency first-aid or medical treatment for above named/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the course or on the course premises. I also understand that my primary health insurance is to be the only insurance responsible for any accidents or potential claims that occur on premises and that New Jersey City University and all employees and affiliates are in no way responsible for any injury or for payment via insurance for any injury or other issues above named may come across.
4. I hereby consent to taking photographs, movies or videotapes of above named by New Jersey City University or its designated representatives. I also grant the right to edit, use and reuse said products for any and all educational and public services, advertising or marketing efforts, and release any and all rights, title and interest I or above named may have in said photographs, movies, videos, finished pictures, reproductions, copies or negatives of the same in connection with such uses.
5. The University reserves the right, at the sole discretion of the Director, to dismiss a above named whose conduct or influence is disruptive, uncooperative, etc., or in the opinion of the Director, contrary to the best interests of the University and the Community Recreations program, among which is unauthorized leaving of the grounds. In all of the aforementioned cases, there will be no refund of any part of the program fee.
6. I am aware that the playing, practicing and participation in any activity can be dangerous, involving many risks including serious injury or death. I hereby assume all the risks associated with the individual named above during participation. I understand that the University does not provide medical or accident insurance for camp enrollees.
7. The University, its officers, directors, and employees shall not be responsible for clothing, jewelry, cell phones, or other personal possessions that are lost, stolen or damaged.
8. The University may cancel sessions due to low enrollment. Typically we will provide you notice of cancelation at least 12 days prior to the beginning of the session. Refunds for payments made by credit card will generally be refunded to the same credit card used to pay for enrollment. Refunds for payments made by check or cash will be refunded by check. All refunds due to camp session cancelation will be made within 30 days of the notification to withdrawal.

Participant's Name: (Please Print):

Parent / Guardian's Name (if participant is under the age of 18):

Signature: _____ Date: _____

By signing the above line participant and associates are also agreeing to abide by all rules outlines in the 'Rules and Policies' appendix

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