

**BERKELEY TOWNSHIP
SENIOR REGISTRATION
2008-2009**

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____

Emergency Name & #: _____

Please list any health conditions that may limit or affect participation in the Berkeley Senior Program: _____

Please Circle the bus stop that is closest to you.

Please pick the right stop bus stop changes can not be made!!!!!!!

HOLIDAY CITY SOUTH

SILVER RIDGE PARK NORTH

HOLIDAY CITY AT BERKELEY

SILVER RIDGE PARK EAST

HOLIDAY HEIGHTS

SILVER RIDGE PARK WEST

RECREATION CENTER

SILVER RIDGE PARK WESTERLY

BAYRIDGE APARTMENTS

A \$10.00 Registration fee with each registration which is good from 9/1/2008 to 6/30/2009

**MAIL COMPLETED FORM TO: BERKELEY TOWNSHIP RECREATION
P.O. BOX B.
BAYVILLE, NJ 08721**

**Upon receipt of your completed form a schedule & a card will be mailed to you.
ANY QUESTIONS???????????????????? PLEASE CALL 732-269-7077.**

Agreement to Participate: I hereby give my approval to participate in activities associated with this program. I resume all risks & hazards incidental to participating, & I do hereby waive, release, absolve, & idemnify, & agree to hold harmless Berkeley Township any and all Recreation employees, participants, etc. whether the result of negligence or any other cause, except to the extent and amount allowed by the township's secondary insurance.

Signature