

**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
SKYHAWKS REGISTRATION FORM - 2009**



Participant's Name: _____

Date of Birth: _____ Age: _____ Grade _____ Gender: M / F

- | | | | | | |
|--------------------------|-----------------------|----------|-----|--------------|-----------------|
| <input type="checkbox"/> | Mini-Hawk Sports Camp | Ages 4-6 | M-F | July 20 – 24 | \$160 per child |
| <input type="checkbox"/> | Multi-Sport Camp | Ages 7-9 | M-F | July 27 – 31 | \$160 per child |

Shirt Size: **Must be ordered on line at: www.skyhawks.com no later than 1 week prior to camp.**

Street Address: _____ Home Phone: _____

Town/State/Zip: _____

Email Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Please provide an emergency contact and their phone number.

Name/Relationship: _____ Cell Phone: _____

SKYHAWKS MEDICAL CONSENT AND RELEASE OF LIABILITY: I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Skyhawks and/or Hopewell Township Parks & Recreation Department from any and all liability resulting in injury associated with participant's participation in this activity. In conjunction with Skyhawks, I also hereby release and discharge the hosting organizations from any and all liability resulting in injury associated with participant's participation in this activity. Moreover, I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Skyhawks will not provide health and/or accident insurance for program participants. As the undersigned Parent/Guardian, I understand that no confirmations will be mailed and no refunds will be given.

SIGNATURE OF PARENT: _____ **DATE:** _____

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Skyhawks program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

Doctor's Name: _____ Phone: _____

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:
Phone # (609) 737-3753

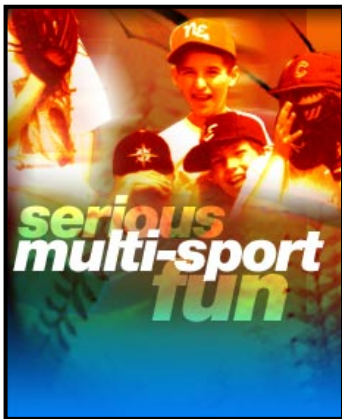
HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560



SKYHAWKS Multi-Sport CAMP

Sponsored by Hopewell Township Parks & Recreation

Sample the joys of soccer,
basketball & baseball



Mini-Hawk Sports Camp
Week of July 20-24

Ages 4-6

Multi-Sport Camp
Week of July 27-31

Ages 7-9

Independence Park
(Adjacent to Stony Brook Elementary School)

9:00 am - 12:00 noon

\$160 per child

The **Skyhawks Multi-Sport Camp** is one of our most popular summer activities for young children. **Skyhawks** has the experience and expertise to guarantee that your child will learn skills on the field, while developing life skills through athletics. An introductory program for young children, these half-day camps help children explore soccer, baseball and basketball in a beautiful park setting. **Skyhawks** camps are designed to motivate children to lead a healthy active lifestyle while giving them the fundamental skill sets needed to succeed and grow in whichever sport they choose. There is no pressure, **just lots of fun** while these young athletes participate in all three sports, as well as other games, as they take their first steps into athletics.

Visit our website at: www.hopewelltpw.org or call for your registration form today at: 609-737-3753

