

CRANBURY SENIOR CENTER ANNUAL REGISTRATION FORM

PLEASE PRINT CLEARLY

First Name: _____ **Last Name:** _____

Telephone Number: _____ **Cell Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail Address: _____

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____

Emergency Contact Cell Number: _____

IT IS UNDERSTOOD I WILL NOT HOLD CRANBURY TOWNSHIP, ITS EMPLOYEES OR VOLUNTEERS RESPONSIBLE FOR ANY INJURY OR ILLNESS WHICH MAY OCCUR DURING MY PARTICIPATION IN ANY TRIP OR ACTIVITY SPONSORED BY CRANBURY TOWNSHIP OR THE CRANBURY SENIORS.

SIGNATURE

DATE

If a change occurs in any of the above information, it is the responsibility of each individual to ensure the form is updated. Forms are available at the Recreation Department located in the Township Clerk's Office.

PLEASE RETURN ALL COMPLETED FORMS TO:

The Cranbury Recreation Department

23A North Main Street

Cranbury, NJ 08512