

**2010 Program Registration Form  
For People with Disabilities  
PLEASE PRINT**

**Program** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Zip  
Code \_\_\_\_\_

Telephone \_\_\_\_\_

Emergency Contact during this program (include name, relation, phone number)

Classification/Disability \_\_\_\_\_

Does the participant use assistive devices? If yes, please specify \_\_\_\_\_

Please indicate any special accommodations that are needed

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Allergies: Food? Environmental?

Medication(s) \_\_\_\_\_

Physician Name and Phone \_\_\_\_\_

I hereby register (grant permission for) \_\_\_\_\_ to participate in the programs listed above. I also give Union County permission to photograph the above mentioned for publicity purposes. I hereby submit that the above named has assumed the risk and will hold Union County harmless from any and all liability as a result of participation in this program. I further agree that in any emergency situation, any necessary medical or hospital treatment is hereby agreed to, and I will pay all fees which are incurred for this treatment.

Signature of parent/guardian

Date

**Return Completed Registration Form to:  
County of Union  
Department of Parks and Community Renewal  
Administration Building  
Elizabeth, NJ 07207-2204  
Attn: Margaret Heisey**

