



# RUTGERS COMMUNITY PROGRAMS REGISTRATION FORM

WINTER/SPRING 2024 CHILDREN'S CLASSES / January 29 - June 14, 2024

## PARTICIPANT: ADDITIONAL INFORMATION

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

## CLASS PAYMENT OPTIONS:

**BY CHECK:** Please make all checks payable to **RUTGERS PRESBYTERIAN CHURCH.**

Rutgers Community Programs / Rutgers Presbyterian Church 236 West 73<sup>rd</sup> St. New York, NY 10023

**BY CREDIT CARD:** AMEX, VISA, DISCOVER and MASTERCARD are accepted.

Please contact Director **Jennifer Moore** to expedite payment at **212-877-8227 ext. 212** or via email at **jmoore@rutgers church.org**.

**ADDITIONAL CLASS INFORMATION: Holiday closings: 7/4 and 7/5**

## RUTGERS COMMUNITY PROGRAMS PARTICIPANT

### Waiver, Release and Consent

for \_\_\_\_\_

FULL NAME OF PARTICIPANT

I hereby release and discharge Rutgers Presbyterian Church and its constituent organizations and their officers, agents and employees from and all claims for personal injuries or property damage that may be suffered as a result of participation in the activity described above.

I hereby warrant and represent that I/my child am/is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given by a duly licensed medical doctor within the last six months, and I know no change since receiving that advice that would affect the opinion of said medical doctor.

I/my child agree(s) to abide by the rules and regulations governing the above-described activity and to obey all instructions given by the persons having supervision and control over the activity.

I hereby authorize that if my child requires emergency medical care and I cannot be reached, I give my consent to Rutgers Presbyterian Church to obtain the necessary medical care for my child. If my child has allergies and I have provided an Epi-Pen to Rutgers, I authorize instructors trained in the use of Epi-Pen to administer it to my child if necessary. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after emergency medical care is provided.

By submitting this form and enrolling in the classes listed on the reverse side of this page, I authorize the use of my image and/or my child's image for promotional purposes.



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**236 West 73<sup>rd</sup> Street NYC 10023**  
**212-877-8227 ext. 212 / jmoore@rutgerschurch.org**  
**www.programs.rutgerschurch.org**