

Township of Ocean Recreation

50 Railroad Ave Waretown, NJ 08758 609-548-6319 recreation@twpoceannj.gov

PROGRAM LOCATION: Engel Sprague Senior Center 239 11th St

NEW PARTICIPANT REGISTRATION FORM CONGREGATE NUTRITION CODE 435

YEARLY - ONE COMPLETED FORM REQUIRED PER CLIENT

Participants must completely fill in form (PLEASE PRINT) all information required for grant

Last Name _____ First Name _____

MUST HAVE: DOB: _____ Gender _____ Primary Language _____

Ethnic Race _____ Ethnicity - Hispanic or Latin _____ Not Hispanic or Latin _____

Full Address & Zipcode _____

Cell # _____ Home # _____

Email Address _____

Emergency Contact Name _____

Emergency Telephone # _____

Do you drive _____ Do you live alone _____ Frail / Disabled _____ Vulnerable _____

Do you have a nutritional risk _____ (*nutritional risk is a health problem, medical condition, diet deficiency or other issue that can affect your health*)

Marital Status - Married _____ Widowed _____ Divorced _____ Single _____

Are you eligible for Medicaid? YES _____ No _____

HOLD HARMLESS AGREEMENT

The undersigned acknowledges that engaging in this recreation activity is potentially hazardous and could possibly result in a serious bodily injury to the participant. The undersigned further acknowledges and agrees that the Township of Ocean, its officers, agents and employees do not undertake any responsibility, nor shall they be responsible for the personal safety of the participant, or the property of the participant at any time while going to, coming from, or engaging in the activity. The undersigned participant (and his parent or guardian undersigned, if the participant is a minor) for himself, herself, or the heirs, administrators, and executors do hereby agree, intending to be legally bound hereby, that the undersigned and anyone acting under them or through them, shall and by these presents do indemnify, hold harmless, defend and excuse the Township of Ocean, its officers, agents, volunteers, sponsors and employees from any and all claims which maybe suffered by participant or caused by the participant to any other person or entity during the course of the activity, or as a result of the activity.

SIGNATURE _____

Today's Date _____

CONGREGATE ENROLLMENT - I WOULD LIKE TO ATTEND (check all that apply)

MONDAY MEALS _____ WEDNESDAY MEALS _____