

FRANKLIN TOWNSHIP Youth Council Environmental Committee Presents:

A Step into Science

When: Saturday, May 23, 2015

Time: 1PM to 4PM

Where: FRANKLIN TWP. COMMUNITY SENIOR CENTER

ONLY \$8 IN ADVANCE, \$10 AT THE DOOR

Open to grades K-12

Return Registrations to:

FRANKLIN Recreation, 505 DeMott Lane, Somerset, NJ 08873

INFO: 732.873.1991, OPTION 4

Checks Payable to: FRANKLIN TOWNSHIP

JOIN US FOR A DAY FULL OF FUN WITH ACTIVITIES INCLUDING CRAFTS, NATURE GAMES, EXAMINING CRYSTALS, CREATING A SOLAR SYSTEM, LAUNCHING ROCKETS, PARTICIPATING IN A SCIENCE FAIR COMPETITION AND GET A CHANCE TO SEE LIVE REPTILES!



PARTICIPANT REGISTRATION

Participant Name		AGE	SEX	BIRTH DATE	GRADE	PAYMENT	
LAST	FIRST					Cash	Check#
						<input type="checkbox"/>	
						<input type="checkbox"/>	

ADULT, PARENT, OR GUARDIAN INFORMATION

Last Name		First Name					
Address							
City		State	Zip Code		E-Mail		
Home ()	Work ()		Cell ()		Emergency ()		

Are there any medical concerns/medication, allergies, emotional or learning problems that we should be aware of? yes no. If yes, what are they?

I hereby authorize the Franklin Twp. Parks & Recreation to act for me according to their best judgment in any emergency requiring medical attention.

I understand that my child is participating in a publicly run program and that photographs taken at the program may be used for display and publicity purposes by the Township. Please check the appropriate box :

Yes, I will allow my child's picture to be used for display and publicity purposes by the Township of Franklin.

No, I do not permit my child's picture to be used for display and publicity purposes by the Township of Franklin.

I the undersigned, hereby agree to allow the individual(s) named hereon to participate in the Township of Franklin, Recreation Division activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Recreational activities. My signature acknowledges that I understand and agree to the above conditions.

Signature

Name Printed

Date

Circle One: Parent, Guardian/Participant