FRANKLIN TOWNSHIP YOUTH COUNCIL DIVERSITY COMMITTEE PRESENTS

A JOURNEY THROUGH TIME

SATURDAY, DECEMBER 12, 2015
11:00 AM – 1:00 PM
GRADES: 1ST – 4TH
$8 IN ADVANCE, $10 AT THE DOOR

Come take an amazing globe-trotting journey through history with the Franklin Township Youth Council's Diversity Committee. Conquer challenges, explore historical figures, and take part in fun games & activities!

FRANKLIN TWP. COMMUNITY/SENIOR CENTER, 505 DEMOTT LANE, SOMERSET, NJ 08873
RETURN REGISTRATIONS TO FRANKLIN RECREATION, 505 DEMOTT LANE, SOMERSET, NJ
BY WEDNESDAY, DECEMBER 9, 2015 MORE INFO: 732.873.1991, (OPTION 4)

*******REGISTRATIONS DUE WEDNESDAY, DECEMBER 9, 2015*******

PARTICIPANT REGISTRATION

Participant Name		AGE	SEX	BIRTH DATE	GRADE	PAYMENT	
LAST	FIRST					Cash	Check#
						☐	
						☐	

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, please explain?

_____

I hereby authorize the Franklin Twp. 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.

_____ _____ _____ Circle One: Parent, Guardian/Participant

Signature Name Printed Date