



Not Just Being the Community
Building the Community

**FRANKLIN TOWNSHIP YOUTH COUNCIL'S
YOUTH & COMMUNITY PRESENTS**

Who Done It?



**CAN YOU HELP SOLVE
THE MYSTERY?**



**HELP US SOLVE THE BIGGEST
MYSTERY AROUND THROUGH
FUN TEAM-BUILDING GAMES!
WORK WITH YOUR TEAM TO
COMPLETE THESE MINI
GAMES TO GET ONE STEP
CLOSER TO FIGURING IT OUT!**

**FRANKLIN TWP. COMMUNITY/ SENIOR CENTER
505 DEMOTT LANE, SOMERSET, NJ 08873
FOR MORE INFO CALL 732-873-1991, OPTION 4**

**SATURDAY
JANUARY 16, 2016
3:00PM-5:00PM
OPEN TO GRADES 3-6
\$8 IN ADVANCE
\$10 AT THE DOOR**

**CHECKS PAYABLE TO:
FRANKLIN TOWNSHIP**

PARTICIPANT REGISTRATION

Participant Name		AGE	S E X	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