



**VENTNOR CITY RECREATION APPLICATION FOR PARTICIPATION**

Name: _____	<b>Office Use Only</b>
Address: _____	
City: _____ State: _____ Zipcode: _____	Fee \$ _____
Home Phone(    ) _____	Cash _____
School: _____ Grade: _____	By _____
Emergency Information:	
Person to Call: _____	
Phone: _____ Cell Phone: _____	

**VENTNOR CITY RECREATION APPLICATION**

**MEDICAL RELEASE**

In consideration of the foregoing, I, for myself, my heirs, and administrators, waive and forever release any and all rights and claims for damages that I might have against the Ventnor City Board of Recreation Commissioners, the City of Ventnor City, Ventnor City Board of Education, demands, actions whatsoever in any manner as a result in my participation, or my child's participation in any Ventnor City Board of Recreation Sponsored activity. This includes, but does not limit any injuries that I or my child might suffer as a result of participating in the sponsored event. I should not enter this program unless my child or I am medically able to participate. I agree to abide by any decision of the officials regarding my ability to safely compete in this activity. I further hereby grant full permission to any of the foregoing to use my name, my picture, or my voice in any broadcast, telecast, advertising, promotion or other account of this event for any purpose whatsoever. I understand and agree that the Entry fee for this event is both non-refundable and non-transferrable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent if Applicant is under 18

**IMPORTANT - MAIL THIS FORM, ALONG WITH CHECK, (NO CASH PLEASE) TO  
CITY OF VENTNOR CITY, 6201 ATLANTIC AVENUE, VENTNOR CITY, NEW JERSEY 08406,  
ATTENTION JERRY THOMAS**