

# CRANBURY SENIOR CENTER ANNUAL REGISTRATION FORM

PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Cell Number: \_\_\_\_\_

IT IS UNDERSTOOD I WILL NOT HOLD CRANBURY TOWNSHIP, ITS EMPLOYEES OR VOLUNTEERS RESPONSIBLE FOR ANY INJURY OR ILLNESS WHICH MAY OCCUR DURING MY PARTICIPATION IN ANY TRIP OR ACTIVITY SPONSORED BY CRANBURY TOWNSHIP OR THE CRANBURY SENIORS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

If a change occurs in any of the above information, it is the responsibility of each individual to ensure the form is updated. Forms are available at the Recreation Department located in the Township Clerk's Office.

PLEASE RETURN ALL COMPLETED FORMS TO:

The Cranbury Recreation Department

23A North Main Street

Cranbury, NJ 08512