



Riegel Ridge Community Center  
910 Milford-Warren Glen Rd.  
Milford, NJ 08848  
908-995-9260  
www.riegelridgecc.org

## TUMBLE TIME REGISTRATION

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Cell       Home       Cell       Home

Primary E-mail (Please print clearly):  
\_\_\_\_\_

\_\_\_\_\_  
(we will not disclose your information for any non-RRCC related use)

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

### CHILD 1

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

Casual Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  
 Female

### CHILD 2

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

Casual Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  
 Female

### CHILD 3

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

Casual Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  
 Female

In consideration of your accepting my entry or my child's entry to Toddler Time, I hereby for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against the Township of Holland, Holland Township Parks & Recreation Department, its officials, employees, and volunteers for any injuries suffered by myself or my child taking place during this program. I understand refunds only are provided for medical reasons presented by a physician's note.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_