



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

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

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: ___/___/___