



**2019 SOMERVILLE RECREATION**  
**REGISTRATION FORM**

**BLACKLIGHT VOLLEYBALL**

**Who:** Somerville Residents in Grades 6-8

**What:** When you mix high powered blacklights, glow responsive lines and court lines, glow items, and a DJ, you get one awesome time! Refreshments will be provided, all participants must wear sneakers. For more information, please visit: <https://www.basedjs.com/black-light-volleyball>

**Where:** Somerville Middle School

**When:** Friday, April 5, 2019

**Time:** 7:00-9:00pm (Participants are not permitted to leave early unless signed out by a parent)

**Fee:** \$5

Please print and return to: Somerville Recreation, 25 West End Avenue, Somerville, NJ 08876. Register by mail, or in person, Mon-Fri 8:30-4:30. Checks should be payable to Somerville Recreation. Registrations are also accepted online at <https://register.communitypass.net/somerville>. Somerville Recreation reserves the right to limit registrations, and if necessary, cancel, alter and/or supplement programs.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Medical conditions \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

My Child Will: Walk Home \_\_\_\_\_ Be Picked Up \_\_\_\_\_ Other \_\_\_\_\_

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable modifications. Yes, I will need to be contacted regarding reasonable modifications for my child and I have provided the necessary three (3) weeks notice prior to the beginning of the program(s).

PROGRAM RELEASE: I certify that the participant listed above is physically able to participate in the Somerville Recreation's programs. I hereby give permission for the participant listed to participate in the above named activity, as well as release the Borough of Somerville from any and all liability from injuries, which may occur while participating in any program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Date _____ Amount rec'd _____ Check # _____ Cash _____ CC _____
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