



**BOROUGH OF
NEW PROVIDENCE**
SETTLED IN 1720

Community Activities Department

360 Elkwood Avenue
New Providence, NJ 07974
908-464-4430 Fax: 908-665-9272
www.newprov.org

DeCorso Community Center

15 East 4th Street
New Providence, NJ 07974
908-665-0046
DeCorsoCenter@newprov.us

Al Morgan, Mayor
Allison Smith, Community Activities Director
Michelle Zack, DeCorso Community Center Coordinator

DeCorso Community Center Registration Form

Return to: 15 East 4th Street, New Providence, NJ 07974

Name _____ Gender: ____M ____F
First Last

E-Mail (required) _____ Birth Date ____/____/____

Address _____
Street Town Zip

Residents that pay taxes to New Providence, but have a Summit mailing address, please check this box: ☐

Phone _____
Home Cell

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Required Information (Demographics) -

Check one: ☐ Non-Hispanic ☐ Hispanic

Check one or more: ☐ Black/ African American ☐ American Indian ☐ White
☐ Asian ☐ Native Hawaiian/Other Pacific Islander
☐ Other / Multiracial (please specify) _____

MEDICAL RELEASE: I recognize that participation at the DeCorso Center and in their programs may occasionally lead to injury. The most common injuries are abrasions, bruises, sprains, and strains. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for myself. If, in the judgment of the staff, treatment is required for an injury or illness, I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by an ER attending physician. I am financially responsible for medical care or transportation expenses incurred.

HOLD HARMLESS AGREEMENT: I agree to abide by the conditions herein and agree to hold harmless, waive and release any and all rights to claims for damages against the Borough of New Providence, the New Providence Recreation Commission and their agents and employees and other such individuals who may be involved in the planning and implementation of this program. In the event of a breach, the breaching party shall be liable for the damages and expenses incurred by the Borough of New Providence, the New Providence Recreation Commission and their agents and employees, including their attorney fees.

Signature: _____ Date _____

PHOTO/VIDEO RELEASE: Please choose from the following:

☐ I/We GRANT permission for a photo/image only that includes this registrant without other personal identifiers to be published on the Borough website, Borough publications (including but not limited to Social Media sites), local newspapers, and TV-35.

☐ I/We DO NOT GRANT permission for this registrant's photo/image and name to be published.

For Office Use Only: ☐ Identification Check