



**Community Activities Department**

360 Elkwood Avenue  
New Providence, NJ 07974  
908-464-4430 Fax: 908-665-9272  
[www.newprov.org](http://www.newprov.org)

**DeCorso Community Center**

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

**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.