

TOWNSHIP OF LIVINGSTON
SENIOR, YOUTH & LEISURE SERVICES
973-535-7925

204 HILLSIDE AVE., LIVINGSTON, NEW JERSEY 07039

APPLICATION FOR ADAPTIVE RECREATION/SWIM PROGRAM

Name of Applicant _____

Address _____

Telephone Number _____

FOR APPLICANTS UNDER AGE 18 - PLEASE GIVE THE FOLLOWING:

Date of Birth _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Telephone Number of Parent or Guardian _____

TO BE FILLED IN BY ALL APPLICANTS:

Person to contact in an emergency _____

Telephone Number of emergency contact _____

Is there any specific medical problem to which the staff should be alerted?

OPTIONAL:

Name of Physician _____

Address _____

Phone Number _____

Signature of applicant _____

(Parent or Guardian if applicant is under age 18)

Date: _____