



JTS PROGRAM REGISTRATION FORM

NAME: _____ EMAIL: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ CELL/EMERGENCY PHONE: _____

1. Participant Name: _____ DOB _____

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

2. Participant Name: _____ DOB _____

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

3. Participant Name: _____ DOB _____

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

4. Participant Name: _____ DOB _____

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

5. Participant Name: _____ DOB _____

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

TOTAL FEES DUE: _____

The Town of Ramapo does not offer accident insurance and I understand that my personal insurance bears primary responsibility in case of accident or injury. I understand and accept all COVID related policies. I authorize the use of photos for promotional purposes. All refund requests must be submitted in writing before the start of program and may incur a \$15 surcharge.

Signature

Date