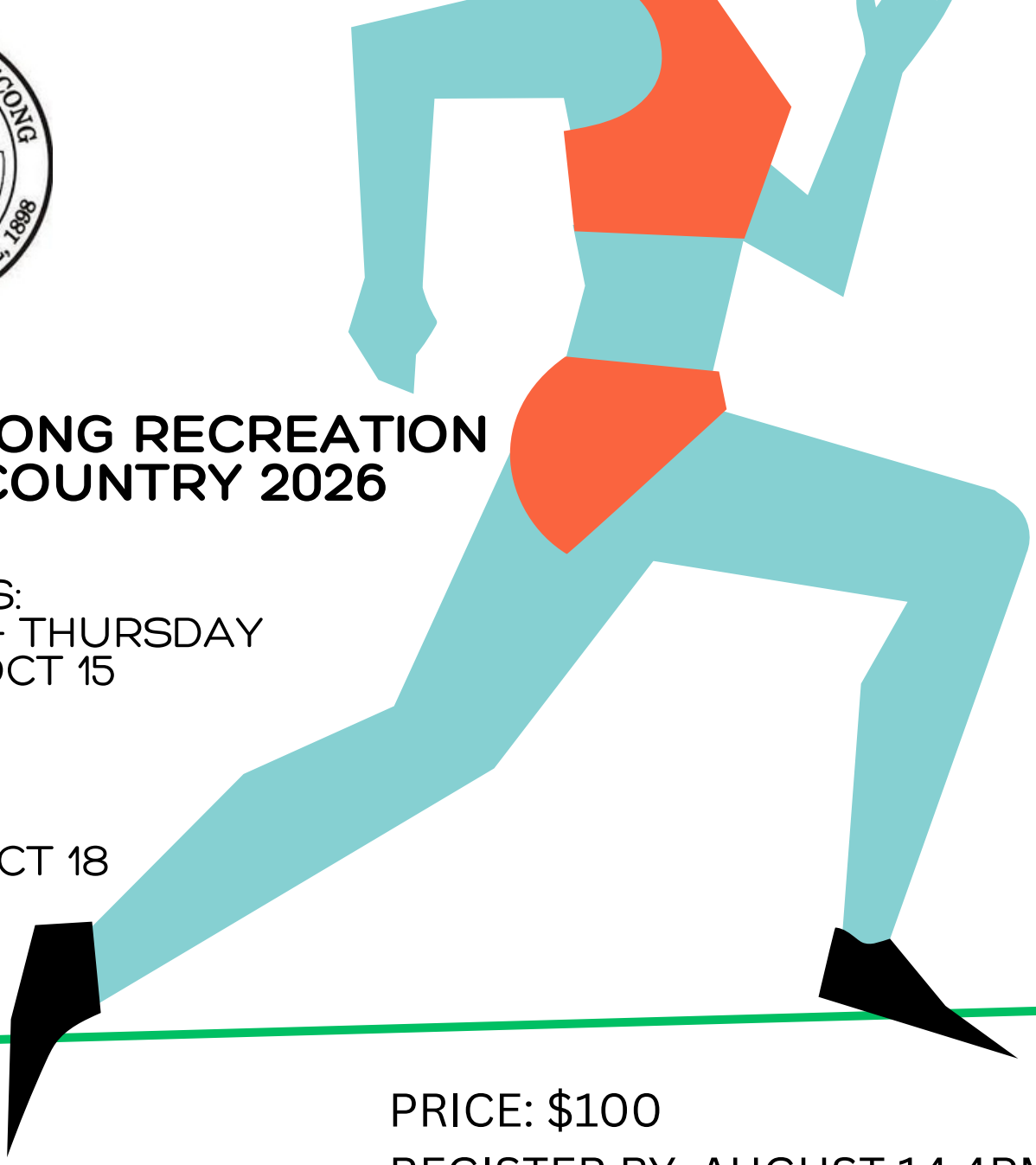
HOPATCONG RECREATION CROSS COUNTRY 2026



PRACTICES:
TUESDAY - THURSDAY
AUG 25 - OCT 15
6-730PM

MEETS:
SUNDAYS
SEPT 6 - OCT 18

PRICE: $100

REGISTER BY: AUGUST 14 4PM

IN HONOR & MEMORY OF COACH DAVE BARNISH

LAKELAND LEAGUE WEBSITE

REGISTER HERE

for more info:
mvasile@hopatcong.org

HOPATCONG RECREATION DEPARTMENT

Cross Country
Registration Form 2026

Name: _____
Address: _____
Phone: _____
Email: _____
DOB: _____ (must provide birth certificate for Lakeland League)
Shirt Size: YS YM YL AS AM AL AXL Short Size: YS YM YL AS AM AL AXL
Medical Conditions: _____
Hospital Preference: _____
Emergency Contact: _____
Emergency Phone: _____

I UNDERSTAND THAT I WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE BOROUGH OF HOPATCONG, MEMBERS OF THE RECREATION COMMISSION, AND THE STAFF OF THE RECREATION DEPARTMENT FOR ANY AND ALL LOSS OF PROPERTY, PERSONAL INJURY OR DEATH CAUSED BY THE PARTICIPATION IN THIS PROGRAM. I AGREE TO HOLD HARMLESS THE PROGRAM FOR ANY AND ALL CLAIMS OF BODILY INJURY OR PROPERTY DAMAGE.

I HEREBY AUTHORIZE THE TREATMENT BY A QUALIFIED AND LICENSED MEDICAL PROFESSIONAL IN THE EVENT OF A MEDICAL EMERGENCY.

Participant Signature: _____
Date:_____

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FOR OFFICE USE ONLY

RECREATION DEPT SIGNATURE:

_____
DATE RECIEVED: _____
AMOUNT PAID: _____ ___PAYMENT TYPE:

_____
CHECK #: _____