



HOPATCONG RECREATION TRACK & FIELD

PRACTICES:
TUESDAY - THURSDAY
MARCH 25 - MAY 15
6-730PM

MEETS:
SUNDAYS
APRIL 6 - MAY 18



IN HONOR & MEMORY OF COACH DAVE BARNISH

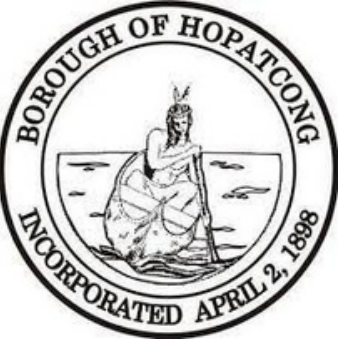
LAKELAND LEAGUE WEBSITE



REGISTER HERE



for more info:
mvasile@hopatcong.org



HOPATCONG RECREATION DEPARTMENT

Track & Field Registration Form 2025

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: _____

FOR OFFICE USE ONLY

RECREATION DEPT SIGNATURE: _____
DATE RECIEVED: _____
AMOUNT PAID: _____ PAYMENT TYPE: _____
CHECK #: _____