

DR. EDWARD J. MAHANEY, JR.
Mayor
LINDA ALDRIDGE STEENROD
Deputy Mayor
NIELS S. FAVRE
Councilmember
DAVID C. KURKOWSKI
Councilmember
TERRI L. SWAIN
Councilmember

City of Cape May
National Historic Landmark
City Hall – 643 Washington Street
Cape May, New Jersey 08204-2397
(609) 884-9525 * Fax: (609) 884-8589
www.capemaycity.org



DIANE L. WELDON
City Clerk

**Please return registrations & fees to secure
a space in our programs or classes to:
Cape May Civic Affairs
643 Washington Street
Cape May, NJ 08204**

All checks payable to: City of Cape May



**City of Cape May
Department of Civic Affairs
Registration Form**

NAME _____ AGE _____ DAY PHONE _____
PARENT'S NAME _____ NIGHT PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PROGRAM DESIRED _____ DAY & TIME _____
SEMESTER _____ FEE _____

WAIVER FOR PARTICIPANT - In consideration of accepting my/my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Cape May or school district and it's representatives, successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups.

SIGNATURE _____



**City of Cape May
Department of Civic Affairs
Registration Form**

NAME _____ AGE _____ DAY PHONE _____
PARENT'S NAME _____ NIGHT PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PROGRAM DESIRED _____ DAY & TIME _____
SEMESTER _____ FEE _____

WAIVER FOR PARTICIPANT - In consideration of accepting my/my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Cape May or school district and it's representatives, successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups.

SIGNATURE _____