

Green Township Summer Recreation Program-Summer 2017

July 10-28

Mon - Fri 9am - 12pm

Child's Name: _____

Mailing Address: _____

Parents/Guardian Name: _____ Home Phone: _____

Mom's Work # _____ Cell # _____

Dad's Work # _____ Cell# _____

Email _____

September 2017 Grade _____ Child's Birthday _____ T-Shirt Size YS, YM, YL, AS, AM, AL

Emergency Medical Authorization

I, _____ parent and/or guardian of _____
parent/guardian name child's name

Authorize _____ at _____ or as an
relative/neighbor area code/phone #

alternative,

The Director or their authorized representative of the Green Township Summer Recreation program, to act in my place if I cannot be reached regarding the authorization of emergency/medical/dental treatment on behalf of my child.

Our family physician is _____ at _____.
physician's name area code/phone #

Please list any allergies that your child has (including foods)

Parent/Guardian Signature _____ Date _____

Registration Fees: BEFORE 6/1 - \$140.00 per child, AFTER 6/1 - \$150.00. \$110.00 for each additional child regardless of registration date. The trip is INCLUDED in this fee. Please make checks payable to Green Township Recreation and mail to PO Box 65, Tranquility, NJ 07879. Please fill out one registration form per child. Please DO NOT send your completed registration form into the school!

Registration Deadline is June 23, 2017.

Please note that in order to keep the program manageable, hire staffing and plan activities the registration deadline is extremely important. Registration is limited.

If you have any questions or need more info please call the Kim at 908-852-9333 ext 13.

Payment type Cash _____ Check# _____ Amt. _____ Date Received: _____

PARENTAL WAIVER AND CONSENT WAIVER

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the Green Township Recreation Department 2017 Summer Program.

I understand that there are certain risks of injury inherent in the various activities of the Green Township 2017 Summer Recreation Program, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Township of Green, the Township of Green Recreation Department, its officers, employees, and representatives for any injury that may be suffered by my child in the normal course of participation in the program and the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child

Date of Birth

Address

Please list any physical limitation (allergies, hearing, sight, etc.)

Parent Signature

Date