

MATAWAN SUMMER RECREATION PROGRAM 2022 COUNSELOR IN TRAINING PROGRAM

PARENT/GUARDIAN _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE (h) _____ (c) _____

EMAIL _____

IMPORTANT-PROGRAM UPDATES SENT VIA EMAIL

HOW WILL YOUR CHILD BE GOING HOME FROM CAMP
 PARENT PICK UP WALKING BIKING
NAMES OF INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD

PLEASE SEE PROGRAM DIRECTOR IF YOU NEED TO MAKE SPECIAL ARRANGEMENTS REGARDING THE DISMISSAL OF YOUR CHILD

<u>Emergency Contacts (other than parent/guardian)</u> _____	<u>Phone Number</u> _____
_____	_____

<u>NAME OF CIT</u>	<u>DOB</u>	<u>AGE</u>	<u>GRADE IN SEPT. 2022</u>	<u>SHIRT SIZE</u>
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ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF _____

***COUNSELOR IN TRAINING PROGRAM IS AVAILABLE TO
 MATAWAN RESIDENTS ONLY
 VOLUNTEER ONLY – not a paid position***

SHIRT SIZES

ADULT SMALL	ADULT MED
ADULT LARGE	ADULT XLARGE

I agree to hold the Borough of Matawan, it's agents, employees, servants, and volunteers harmless for any suit arising out of my child's participation in any program sponsored by the Borough of Matawan Recreation Commission in which my child and/or myself participates. I agree that I assume all liability for the use and operation of all equipment provided by the Borough of Matawan and that I indemnify and hold harmless the Borough of Matawan from all claims, actions, proceedings, expenses, damages, and liabilities, including attorney's fees, arising out of the use of equipment or the participants in any program.

Parent/Legal Guardian Signature _____ Date _____ Check # N/A Amount # N/A

I have read the Matawan Summer Recreation Program Parent Letter. I understand and agree to the rules and regulations outlined within. PLEASE INITIAL _____