MATAWAN SUMMER RECREATION PROGRAM 2021 COUNSELOR IN TRAINING PROGRAM

PARENT/GUARDIAN ADDRESS CITY/ST/ZIP		PARENT PICK UP	HOW WILL YOUR CHILD BE GOING HOME FROM CAMP PARENT PICK UP WALKING BIKING NAMES OF INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD	
CITT/31/ZIF	-			
PHONE	(h)(c)			
EMAIL	IMPORTANT-PROGRAM UPDATES SENT VIA EMAIL		PLEASE SEE PROGRAM DIRECTOR IF YOU NEED TO MAKE SPECIAL ARRANGEMENTS REGARDING THE DISMISSAL OF YOUR CHILD	
Emergency Contacts (other than parent/guardian) Phone Number				
NAME OF CIT DOB AGE GRADE IN SEPT. 2021 SHIRT SIZE ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF				
	COUNSELOR IN TRAINING PROGRAM IS AVAILABLE TO <u>MATAWAN RESIDENTS ONLY</u> VOLUNTEER ONLY – not a paid position			ADULT MED 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				