

MATAWAN SUMMER RECREATION PROGRAM COUNSELOR IN TRAINING PROGRAM

PARENT/GUARDIAN _____

HOW WILL YOUR CHILD BE GOING HOME FROM CAMP

PARENT PICK UP WALKING BIKING

NAMES OF INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD

ADDRESS _____

CITY/ST/ZIP _____

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.

SHIRT SIZE

ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF _____

COUNSELOR IN TRAINING PROGRAM IS AVAILABLE

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

