

MATAWAN SUMMER RECREATION PROGRAM 2018 COUNSELOR IN TRAINING PROGRAM

8TH GRADE OR OLDER

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

Emergency Contacts (other than parent/guardian)

Phone Number

NAME OF CIT

DOB

AGE

GRADE IN SEPT. 2014

SHIRT SIZE

ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF

**COUNSELOR IN TRAINING PROGRAM IS AVAILABLE TO
MATAWAN RESIDENTS ONLY**

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 # _____ Amount _____