## MATAWAN SUMMER RECREATION PROGRAM 2014 COUNSELOR IN TRAINING PROGRAM $8^{\text{TH}}$ GRADE OR OLDER

PARENT/GUAR ADDRESS CITY/ST/ZIP PHONE	(h)(c)		HOW WILL YOUR CHILD BE GOING HOME FROM CAMP  PARENT PICK UP WALKING BIKING  NAMES OF INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD
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 Co	ontacts (other than parent/guardian)	<u>Pho</u>	ne Number
ALLERGIES OR	NAME OF CIT  R MEDICAL CONDITIONS WE SHOULD BE AWARE OF	<u>DOB</u>	AGE GRADE IN SEPT. 2014 SHIRT SIZE
	COUNSELOR IN TRAINING PROGRAM IS AVAILABLE TO  MATAWAN RESIDENTS ONLY  \$150.00  MAKE CHECKS PAYABLE TO: BOROUGH OF MATAWAN		SHIRT SIZES  ADULT SMALL ADULT MED  ADULT LARGE ADULT XLARGE
Matawan Recreat	tion Commission in which my child and/or myself participates.	rough of Matawan	uit arising out of my child's participation in any program sponsored by the Borough of and that I indemnify and hold harmless the Borough of Matawan from all claims, actions, the participants in any program.

Date\_

Check # \_\_\_\_\_ Amount \_\_\_

Parent/Legal Guardian Signature\_