

New Milford Summer Recreation Registration Form

Please PRINT:

NAME: _____ BOY _____ GIRL _____

ADDRESS: _____

PHONE: _____

Email Address: _____

EMERGENCY # and CONTACT _____

MEDICAL INFO. (allergies, epi-pen, asthma...) _____

BIRTH DATE: _____ AGE: _____ GRADE _____ (as of Sept. '17)

SITE:
_____ DEO Middle School (grade 5-7) _____ Berkley School (Berkley K-4) _____ Gibbs School (Gibbs K-4)

SHIRT SIZE: Circle one
Child - Sm. Med. Lrg. XL Adult - Sm. Med. Lrg. XL

_____ My child has permission to walk home after Recreation is over. (Please check)

I/we the parents of the above named registrant, hereby give my/our approval for my son/daughter to participate in any and all activities during the summer rec. program. I/we assume all risks and hazards incident to such participation including transportation to and from activities and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Borough of New Milford, the Commission, the organizers, the supervisors, participants and persons transporting my/our child to or from activities for any claim arising out of and injury to my/our child except to the extent and in the amount covered by accident and liability insurance.

We reserve the right to take appropriate action and/or suspend any child for inappropriate behavior in any recreation-sponsored program.

REGISTRATION FEE IS NON-REFUNDABLE

Check: _____

Cash: _____ Parent Signature: _____