

**Sea Isle City Recreation Department**  
**Counselor in Training Waiver - 2019**

6108 Central Avenue, Sea Isle City, NJ 08243

Phone: (609)263-0050

E-mail: [sicrec@seaislecitynj.us](mailto:sicrec@seaislecitynj.us)

Please complete entire form and return to address listed above

One application per participant

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ (*must be 13 as of 7/1/19*)      D.O.B \_\_\_\_\_      Male or Female

Shirt Size (please circle)    ad sm    ad med    ad lg    ad xl

Grade (going into) \_\_\_\_\_      School \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_      E-mail: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_      Work/cell # \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_      Work/cell # \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Medical History (please list any concern that the Recreation Department should be made aware of):  
\_\_\_\_\_

Age Group you would prefer to work with: (circle one)    4-6 yrs      7-12 yrs

\* Limited space available due to safety regulations

\* First come first serve

Experience working with children:

\_\_\_\_\_  
\_\_\_\_\_

**Waiver For Participation**

*In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the above park district or school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.*

*\*Registration Fee does not include Medical Insurance.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_