

Sea Isle City Recreation Department
Counselor in Training Waiver - 2017

6108 Central Avenue, Sea Isle City, NJ 08243

Phone: (609)263-0050 E-mail: sicrec@seaislecitynj.us

Please complete entire form and return to address listed above
One application per participant

Participant Name _____ **Age:** _____

Shirt Size (please circle) ad sm ad med ad lg ad xl **Grade (going into)** _____

Winter Address: _____

Phone: _____ **E-mail:** _____

Mother's Name: _____ **Work/cell #** _____

Father's 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: 3-5 yrs 6-12 yrs All ages

Experience working with children:

WAIVER FOR PARTICIPANT

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.

Parent Signature: _____

Below for office use only:

Fee Paid: _____ Check one: Check # _____ Money Order # _____

Received by: _____ Date: _____

MEDIA RELEASE (OPTIONAL)

I, _____ do hereby give the City of Sea Isle City, Sea Isle City Tourism Commission and 7 Mile Publishing (his, her, its) assigns, licensees and legal representatives the irrevocable right to use my name, picture, portrait or photograph in all forms of media and in all manners, including composite or distorted representations for tourism promotion, advertising, trade or any other lawful purposes, and I waive my right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

CONSENT

I am the parent and/or guardian of the minor, _____ and have the legal authority to execute this release. I approve the foregoing and waive any rights in the premises.

Signed: _____ Witness: _____

Address: _____ Address: _____

Date: _____