

**CAMPER'S LAST NAME** \_\_\_\_\_

**BIG REC REGISTRATION 2017**  
**ONE FORM PER FAMILY AT BIG REC**

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

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Name / School	Gr. <u>NEXT</u> Sept.	Which Weeks (circle all that apply) Week of				T-Shirt Size (circle)						
		6/26 1	7/5 2	7/10 3	7/17 4	youth		adult				
_____ / _____	_____					S	M	L	AS	AM	AL	XL
_____ / _____	_____	1	2	3	4	S	M	L	AS	AM	AL	XL
_____ / _____	_____	1	2	3	4	S	M	L	AS	AM	AL	XL

**EMERGENCY NUMBERS**

Mother's Phone during Rec. hours: \_\_\_\_\_ Father's: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you cannot be reached, where may we send or take your child if s/he becomes ill?

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

Check which apply:     **Music Lessons**                       **Sibling at Mini Rec**  
                                  **Summer School** (10:30 – 12:00 \$25.00 per week)

**NOTE:** Your child will not be released to go home with anyone but his/her parent or guardian unless we have written permission to do so.

Mail form and payment to: Mahwah Summer Rec.,  
PO Box 305  
Mahwah, NJ 07430

**YOU MUST register by mail by 6/12 for WEEK 1**

**YOU MUST register the Wednesday before any other session.**

**NO REFUNDS WILL BE GIVEN**

**PLEASE TURN PAGE OVER TO FILL OUT AND SIGN THE HOLD HARMLESS AND MEDICAL WAIVER.**

# MAHWAH SUMMER RECREATION

**CHILD'S NAME**

**Date of Birth**

**Male/Female**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

As a participant of the Mahwah Summer Recreation Program, I acknowledge this to be a voluntary activity, and assume all risks involved with my participation. Therefore, I release from all liability and hold harmless the Township of Mahwah, the Mayor, Township Council, all Township Elected or Appointed Officials, The Mahwah Recreation Committee, the Members of the Recreation Committee, collectively and individually, The Mahwah Board of Education, all Board of Education Members, employees and their designees.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Waiver For Medical Treatment

**As the Parent/Guardian of:** \_\_\_\_\_, who is/are participating in the MAHWAH SUMMER RECREATION PROGRAM, I hereby grant permission to any authorized personnel of the program to have said child taken, in case of injury and in the absence of the parent/guardian, to a hospital in the area for emergency medical treatment. The hospital will be selected by the aforementioned personnel with regard to proximity and adequacy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please state any special services your child gets during the school year.**

\_\_\_\_\_

**NO REFUNDS WILL BE GIVEN!!**

**You may email questions to [mahwahsummerrec@yahoo.com](mailto:mahwahsummerrec@yahoo.com)**