

MAHWAH SUMMER RECREATION 2017

CIT REGISTRATION

Monday 6/26 – Friday 7/21

No Rec on 7/3 & 4

PLEASE READ CAREFULLY:

- **CIT's must be Mahwah residents entering 9th or 10th grade in September.**
- **CITs are considered staff members of Summer Recreation.**
- **You will be expected to participate in all activities with your group.**
- **You will be assigned as an assistant to a Counselor.**
- **As a staff member, you are expected to set a good example for your group. Appropriate conduct, speech, and dress, an attitude of enthusiasm and a genuine want to enjoy this experience are essential.**
- **CIT's cannot have cell phones during recreation.**
- **CIT's will be given two t-shirts, these must be worn everyday with sneakers.**
- **PLEASE BRING A PEANUT FREE SNACK AND JUICE OR WATER WITH YOUR NAME ON IT. (NO SODA)**

1. PLEASE PRINT

Name: _____ Grade Next September: _____

Date of Birth: _____ Parent's Name _____

Address: _____ Phone #: _____

Emergency Name and Phone during Rec: _____ Phone #: _____

Allergies or special needs: _____

2. Preferred age group (circle one): **MINI REC at Joyce Kilmer**

BIG REC at High School

3. Circle the weeks that apply to you:

WK.1 (6/26 – 6/30) WK. 2 (7/5 - 7/7) WK.3 (7/10 - 7/14) WK. 4 (7/17 - 7/21)

*No Rec 7/3&4

This is my _____ year as a CIT.

**4. Mail Registration and \$20 per week to:
(checks payable to Mahwah Summer Rec.)**

Mahwah Summer Recreation

PO Box 305

Mahwah, NJ 07430

DEADLINE JUNE 12, 2017

**THE BACK OF THIS FORM MUST BE FILLED OUT AND SIGNED BY A
PARENT OR GUARDIAN!!!**

CIT's are not permitted to use cell phones, hand held games, or i-pods during Rec hours! There is a phone in the office for emergencies.

MAHWAH SUMMER RECREATION
(Mahwah Recreation Committee)

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.
