

CAMPER'S LAST NAME

MINI REC REGISTRATION 2017
ONE FORM PER FAMILY AT MINI REC

1 _____
2 _____
3 _____
4 _____

Parent/Guardian: _____ Phone #: _____

Address: _____ Cell Phone: _____

SCHOOL CHILD IS ATTENDING IN FALL

Child's Name / Age	Gr. <u>NEXT</u> Sept.	Which Weeks (circle all that apply) Week of				T-Shirt Size (circle)						
		6/26	7/5	7/10	7/17	youth	adult					
_____ / _____	_____	1	2	3	4	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 Big 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

NO REFUNDS WILL BE GIVEN

Mahwah, NJ 07430

YOU MUST register by mail 6/20 for WEEK 1

YOU MUST register by Wednesday the week before any other week.

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 also email questions to mahwahsummerrec@yahoo.com.