

WARREN TOWNSHIP RECREATION COMMISSION

Parent Release Form

46 Mountain Blvd
Warren, NJ 07059

Medical Treatment Authorization

for 20____

I, _____ (parent or guardian) hereby authorize the treatment of my child _____

_____ by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the emergency contact.

Child's Name _____ Date of Birth _____

Address _____

Primary Phone #: (____) _____ - _____ Alternate Phone #: (____) _____ - _____

Family Physician: _____ Physician's Phone #: (____) _____ - _____

I certify that my child's immunizations are up to date. *If your child does not get immunizations please add a letter stating that you are exempt from getting immunizations.*

*****Indicate specific medical allergies, chronic illnesses, other medical conditions and prescription medications that medical personnel should be aware of. This information will be kept completely confidential. (Use back of form is necessary)**

Emergency contact person _____ Phone #: (____) _____ - _____
(other than guardian)

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances.

Signature _____ Date: _____

Warrenbrook Pool Swimming Permission

- I read and understand the swimming policy
- I grant my child permission (my child can swim)
 - I do not grant my child permission

Signature _____ Date: _____

Discipline Policy

- I read and understand the discipline policy

Signature _____ Date: _____

TEEN TRIP UNIVERSAL WAIVER FORM FOR CAMPERS GOING ON TRIP ONLY

ACKNOWLEDGEMENT OF RISK – WAIVER & RELEASE OF ALL CLAIMS

I certify that my child's current physical condition is satisfactory for participating in the Summer Playground Program and Trips. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the Summer Playground Program and trips. I understand that insurance will not be provided by or through Warren Township for my child. "Participation in these activities is at the Warren Township Recreation Commission's sole and absolute approval and the Commission reserves the right to reject any individual from the said participation at its sole and absolute discretion."

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Township of Warren, and its boards, committees, officers, agents and employees, including but not limited to its officers, agents and employees from any and all claims from injuries, damage or loss which may have accrued or which accrue to my child or me on account of my child's participation in the Summer Playground Program other than injuries, damage or loss resulting from negligence or willful misconduct.

Parent Signature _____ Date _____