

SUMMER SAC PROGRAM

2018

PARENT/GUARDIAN:

The E.Hanover Recreation/Board of Education Summer Student Activities Club is offered to the children of E.H. only! Children entering 1st grade in the fall through 8th grade are welcome.

Last Name: _____

First Name: _____ Age: _____ Entering grade _____

Home Address: _____

Home Telephone: _____ Parent/Guardians Name: _____

Mothers Employer: _____ Phone Number: _____

Fathers Employer: _____ Phone Number: _____

Person to call in case of an EMERGENCY: _____ Phone# _____

Any medical problems to be aware of: _____

The following people are able to pick up my child/children from Summer SAC.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Your child/children will not be released to anyone else, unless we hear from you by phone!

****PLEASE CHECK WHICH WEEKS YOUR CHILD/CHILDREN WILL BE ATTENDING THE SUMMER SAC PROGRAM!!**

Week of June 25th: _____ Week of July 16th: _____

Week of July 2nd: _____ Week of July 23rd: _____

Week of July 9th: _____ Week of July 30th: _____

FEE: \$65.00 PER CHILD/PER WEEK

Number of weeks attending: _____

Total Cost: _____

OVER

PARENTAL WAIVER & CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the E.H. Summer Playground. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Township of East Hanover, Recreation Department and staff for any injury that may be suffered by my child in the normal course of participation in the Summer Playground.

(child/childrens names)

(parent/guardians name)

(date)

DISCLAIMER

In the event that my child should have a sudden illness or accident at the E.H. Summer Playground, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the situation is viewed as critical by the staff member in charge, I request that one of the following physicians be called. However, if emergency treatment is needed, I authorize the E.H. Summer Playground Staff to request assistance from the paramedics or emergency room staff. It is understood that an effort will be made to contact the undersigned before treatment is given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in the treatment of this minor child.

(parent/guardians signature)

(date)

PHYSICIAN'S NAME

TOWN

PHONE

DENTIST'S NAME

TOWN

PHONE

HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

ANY MEDICAL PROBLEMS: _____

