

Last Name _____

Date _____

Allergy/Medication _____

Port Jervis Rec Department Permission Form- Location: _____

Port Jervis Recreation Department- 20 Hammond St - Port Jervis, NY 12771- Phone 845-858-4045
Fax 845-856-4016- Email: recreationdirector@portjervisny.gov

Child's Name

Last

First

Age

Birth Date

RELEASE & ASSUMPTION OF RISK: By signing below, I consent to my child participating in the Port Jervis Recreation Department's PJ Rec program (the "Program"). I do hereby voluntarily submit my application to the Port Jervis Recreation Commission for my child to participate in the Program, and by doing so, I hereby assume full responsibility and liability for all damages, losses, and/or injuries that my child sustains while attending or participating in the Program or as a result of the Program. I understand, am fully aware of, and accept responsibility of the inherent risks associated with this Program, including those associated with physical activity. I hereby waive, release and hold harmless the City of Port Jervis, City and/or Recreation employees, agents, officers, officials, or volunteers, and/or the Port Jervis Recreation Commission from any and all claims, actions, damages, losses, infections, death or injuries that occur in the course of my child attending or participating in this Program or that are a direct or indirect result of my child attending or participating in this Program.

REQUIREMENTS: 1. CHILDREN UNDER THE AGE OF 7 MUST BE ACCOMPANIED BY AN ADULT OR CARETAKER OF 16 YRS OF AGE OR OLDER AND MUST REMAIN WITHIN ARMS REACH AT ALL TIMES OF SAID GUARDIAN.

Parent/Guardian Name (Please Print) _____

Date _____

Address: _____

Home Telephone _____ Cell: _____

Person to be notified in case of emergency if parent cannot be reached: _____

Relationship _____

Phone #'s of emergency contact: _____

Does your child have any food allergies? Y or N. If yes, please provide: _____

Does your child have any medical condition that the Recreation Program should be aware of? Y or N

If yes, please provide conditions, treating medication, if any, or other medical information that the Recreation personnel should be aware of: _____

Will you permit PJ Rec to take photos of your child participating in PJ Rec sponsored programs and publish? Y or N

Parent/Guardian Signature: _____

Please Read Back of this Page

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Please list names of individuals that are permitted to pick up your child from our recreation program. Please make sure they have a photo ID. Thank you.

1. _____

2. _____

3. _____

4. _____