



MONMOUTH COUNTY PARK SYSTEM PARTICIPANT INFORMATION & RELEASE FORM

COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR PARTICIPATION.

Return to: URBAN RECREATION - AREA 305

MONMOUTH COUNTY PARK SYSTEM, 805 Newman Springs Road, Lincroft, NJ 07738

PLEASE PRINT

Participant's Name: _____ Date of Birth: _____ Sex _____

Camp Name	Program #	Start Date	Location
EXTREME TEAM	RU161X		

-Parent / Guardian Name: _____ Home Phone #: _____

Home Address: _____ Work Phone #: _____

City/Town: _____ State: _____ Zip: _____ Cell Phone #: _____

-2nd Parent / Guardian Name: _____ Home Phone #: _____

Home Address (if different): _____ Work Phone #: _____

City/Town: _____ State: _____ Zip: _____ Cell Phone #: _____

-Local Emergency Contact if parent or guardian is not available:

Name: _____ Relationship: _____

Home Phone#: _____ Work Phone #: _____ Cell Phone #: _____

I have enrolled my child/dependent in a program sponsored by the Monmouth County Board of Recreation Commissioners (Board) and in connection with the enrollment, I certify that:

1. I have read the synopsis of the program and I hereby understand, accept and assume all the risks of my child's/dependent's participation in the program.
2. To the best of my knowledge, my child/dependent is physically able to participate in the program and I know of no physical condition and/or disability, which would prevent his/her participation in the program.
3. My child/dependent will abide by the decisions of the program leader with regard to all aspects of the activities within the program.
4. To the best of my knowledge, my child/dependent has all of the necessary qualifications to perform all activities in the program.
5. I hereby agree to hold harmless and release the Board, its employees, its agents, and the County of Monmouth from all claims I or my child/dependent may have including the institution of a lawsuit against the County of Monmouth, County Board of Recreation Commissioners, its employees and its agents, for injuries or losses sustained by me or my child/dependent as the result of participation in the program.
6. I hereby give permission for the use, without fee, of my child's/dependent's name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, MEDICAL EMERGENCIES MAY ARISE WHICH REQUIRES THE MEDICAL SERVICES OF ATTENDING PHYSICIANS, OTHER MEDICAL SERVICES, AND/OR HOSPITAL SERVICES WITHOUT RECEIVING THE PATIENT'S CONSENT TO SAID SERVICES BEING PROVIDED TO MY CHILD/DEPENDENT.

I hereby certify that I am the parent/guardian of _____ and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

Parent/Guardian (signature)

Parent/Guardian (print name)

Date

~~~OVER~~~

2/22/05



# MONMOUTH COUNTY PARK SYSTEM PARTICIPANT HEALTH & ACCOMMODATIONS FORM

Participant's Name: \_\_\_\_\_

**Are there any MEDICAL or OTHER CONCERNS we should know about?**

If necessary, attach an additional sheet.

**MEDICAL CONCERNS:**

Please list any restrictions, physical, mental or learning disabilities or chronic recurring illness.

**OTHER:** *Example: Asthma, ADHD/ADD, Epipen*

If taking medication during camp, please provide doctor protocol. Participant must be capable of administering these medications by themselves.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** *Example: food, insect bites*

Do you have any allergies?    **Yes**  **No**

If yes, please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need any **SPECIAL ACCOMMODATIONS?**  **Yes**  **No** If yes, please list.

*Example: Sign language interpreter, personal aide, etc.*

Please give us at least three weeks notice prior to the program start date to make reasonable accommodations.

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am the parent/guardian of \_\_\_\_\_ and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Date