

Township of Parsippany – Troy Hills Recreation Department

Name: _____ Male _____ Female _____

Please print child's name

Birth Date: _____ Age: _____ Grade: _____ School Attending _____
(Current)

Mailing Address _____
Number Street (Apt# if any) Town Zip Code

Telephone # _____ Emergency Contact Name _____

Emergency Telephone # _____ Relationship: _____

Authorized People to pick up your child in the event of illness, accident or early dismissal:

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Name _____ Telephone # _____

Cell # _____ Relationship to Child _____

Medical Insurance: Name of Company: _____

Policy # _____

Group # _____

By enrolling and signing this application, I give my permission to attend any field trip or activity and authorize any medical treatment in my absence for the well being of the child, in case of an emergency. Please list any special medical or physical needs, medical conditions, or allergies the personnel should be aware of. I understand if my child requires an inhaler/epi-pen that the child is responsible for taking it with him/her on any field trip or activity.

Any accident or injury must be reported to the Recreation Office the following work day.

The applicant, parents, guardians or family members, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Township of Parsippany-Troy Hills and all of its agents, directors, officers, employees and volunteers and the physician or hospital treating my child, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with their child's participation at the Playground and various activities, arising from accidents to any persons or property caused by or to the child or other participants or any other person(s) to which this application applies.

Parent will be responsible for the conduct of their child while participating at the Playground and enforce all rules and regulations as required by the Township's recreation program. Parent agrees and acknowledges that any violations to the rules and regulations will not be tolerated and child may be subject to expulsion from this program and any other Township sponsored program.

Parent/Guardian _____
please print

Parent/Guardian Signature _____

LIST ALLERGIES (if any) _____

LIST MEDICATIONS (if any) _____

MEDICAL CONDITIONS (if any) _____

PARENT'S PERMISSION TO ADMINISTER ANESTHETIC AND/OR EMERGENCY TREATMENT AS MAY BE REQUIRED? YES _____ NO _____

SIGNATURE OF PARENT OR GUARDIAN _____

PROGRAM ATTENDING _____