CITY OF GARFIELD
RECREATION DEPARTMENT
466 MIDLAND AVENUE
GARFIELD, N. J. 07026
(973) 546-1700

PARENT CONSENT SLIP

Registration fee $25.00

NAME OF PLAYER ____________________________ ADDRESS ____________________________

PHONE # ____________________________ SCHOOL ____________________________ GRADE ____________________________

AGE ______ SEX M _ F DATE OF BIRTH ____________________________ HEIGHT _______ WEIGHT _______

month day year

JUNIOR LEAGUE AGES: CHILD MUST NOT BE YOUNGER THAN 10 OR OLDER THAN 11 BY JANUARY 1.
SENIOR LEAGUE AGES: CHILD MUST NOT BE YOUNGER THAN 12 OR OLDER THAN 14 BY JANUARY 1.

DID YOUR CHILD PARTICIPATE IN THE PROGRAM LAST YEAR? YES ______ NO ______ TEAM ________________

SHIRT SIZE ADULT SMALL MEDIUM LARGE XLARGE

DO YOU HAVE ANY PHYSICAL DISABILITIES YES ______ NO ______? IF YES EXPLAIN ____________________________

________________________________________________________

DO YOU CARRY SCHOOL INSURANCE OR ANY OTHER INSURANCE? ____________________________

WHAT IS THE NAME OF THE INSURANCE COMPANY? ____________________________

PARENTS CONSENT:

WITH DUE KNOWLEDGE OF THE ACTIVITY MY CHILD IS TO UNDERTAKE, I ASSUME ALL RESPONSIBILITY AND
RELEASE ALL OFFICIALS AND AUTHORITIES FROM ALL LIABILITIES FOR INJURIES OR LOSS OF EQUIPMENT FROM HIS
OR HER PARTICIPATING IN THE PROGRAM AS SET UP BY THE RECREATION DEPARTMENT OR IT'S SUPERVISORS,
WHETHER IT BE IN REGULAR CONTTEST OR PRACTICE OR WHILE ENROUTE TO OR FROM PLACE OF CONTEST.

CONSENT FORMS MUST BE RETURNED TO THE RECREATION DEPARTMENT ON OR BEFORE NOVEMBER 20, 2018

________________________________________
PARENT OR GUARDIAN SIGNATURE

PLAYERS CONSENT:

THIS FORM WAS SHOWN TO MY PARENT AND WAS SIGNED AS LISTED ABOVE BY HIM OR HER.

________________________________________
PLAYER SIGNATURE