School Based Youth Services

LIVE SUSTAINABLY: GET ACTIVE

April 24, 2016
2:00Pm to 4:00pm
Meeting at Sadowski PKWY and 2nd st

All applicants must fill out the application page, and respond to all questions in order to be in order to participate

Name: _____

Address: _____City: _____

State: _____ Zip Code: _____ Phone Number: _____

Student ID: _____ Email: _____

Please check all that apply:

Gender: ☐ Male ☐ Female Grade: ☐ Senior ☐ Junior

Homeroom Teacher: _____ Current GPA: _____

Lunch Period: ☐ 4 ☐ 5 ☐ 6 ☐ 7 □ N/A

For Parent or Guardian to Complete

DATE: _____

ACTIVITY/PROGRAM: Cleanup the City of Perth Amboy (Clean Communities Initiative)

ACTIVITY DATE/TIME: April 24,2016

STUDENT/CHILD NAME: _____

ADDRESS: _____

AGE: _____ (MALE) (FEMALE) PHONE NUMBER: _____

Dear Parent/Legal Guardian:

In order to ensure prompt medical attention by a doctor or hospital for your child(ren) in case of injury or illness, we ask you to sign the following release which gives you consent for medical attention and/or treatment.

_____

Parent or Legal Guardian Print Name

_____

Parent or Legal Guardian Signature

I, the undersigned, give my permission and assume all responsibility while my child(ren) take part in the recreational program/activity conducted by the School Based Youth Services Program or Jewish Renaissance Foundation. I agree to hold the School Based Youth Services Program or Jewish Renaissance Foundation harmless as to any and all claims arising from any accident, injury, or illness sustained during or as a result of participation in the above referenced program or activity. **My son/daughter has permission to participate in the above activity/program.**

_____

Signature of Parent or Legal Guardian

NAME OF PERSON WHOM TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

EMERGENCY PHONE NUMBER: _____