

# Lakehurst Police Association & Lakehurst Youth and Recreation Youth Recreation Registration Forms

***\*All lines must be filled in completely\****

Child's Name: Last			First	Middle	Birth Date
Street Address			City	Zip Code	
1. Child's Parent/Guardian Name		Home Phone Number		Work Phone Number	
Home Street Address <i>(leave blank if same as above)</i>			City	Zip Code	
Work Address			City	Zip Code	
1. Child's Parent/Guardian Name		Home Phone Number		Work Phone Number	
Home Street Address <i>(leave blank if same as above)</i>			City	Zip Code	
Work Address			City	Zip Code	
<b><u>Please List Other People to Notify In Case of Emergency</u></b>					
<i>Name</i>		<i>Address</i>		<i>Phone Number</i>	
Relationship:				Work: Home:	
Relationship:				Work: Home:	

***(Office Use Only)***

Program Name:		T-Shirt Size:	Fee:
Received by:	Date:	Amount Paid:	
		Cash:	Check #:

## Child's Health History

Date of last physical examination:	Child's Doctor:	Phone Number:
Street Address:	City:	Zip Code:

Does your child have any allergies including drug reactions? If so what?

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Does your child have any special health or developmental problems and/or other pertinent health? We should know?

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Any other issues or concerns about your child's health you would like to share?

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## Child's Medical Insurance Coverage

<b>1.</b> Insurance Company's Name	Member/Policy Number
Policy Holder's Name	Employer' Name
<b>2.</b> Insurance Company's Name	Member/Policy Number
Policy Holder's Name	Employer' Name

## Authorized pick up or release

### A. Parents/Guardians/Custodians with whom the child resides:

1. Name	Relationship to child
Address	Employer
Home Phone	Work Phone
2. Name	Relationship to child
Address	Employer
Home Phone	Work Phone

### B. Persons who are authorized to pick up child if parents are unavailable:

1. Name	Relationship to child
Address	Employer
Home Phone	Work Phone
2. Name	Relationship to child
Address	Employer
Home Phone	Work Phone
3. Name	Relationship to child
Address	Employer
Home Phone	Work Phone

### C. Custody restrains/person(s) who MAY NOT pick up your child:

1. Name	Relationship to child
2. Name	Relationship to child

### D. Authorization to release child to walk home after program:

Name	Relationship to child	Signature	Date
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## Parental/Guardian Assumption of Risk, Waiver and Release

(I/we am/are the parent(s) or legal guardian of \_\_\_\_\_  
Participant's Name

who desires to be a participant in any Lakehurst Police Association/Lakehurst Youth and Recreation sponsored recreational activity.

I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the Lakehurst Police Association/Lakehurst Youth and Recreation allowing my child to participate in this sponsored activity and/or use of the Lakehurst Borough facilities I/we, on behalf of my/ourselves and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of the Lakehurst Borough facilities. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the Lakehurst Borough, its officials, employees and agents and agree to waive any rights of recovery that I/we may have to bring claim to lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my/our full and voluntary consent for the above-named child to participate in the activity described above.

**Print** Parent/Guardian Name: \_\_\_\_\_

**Signature** Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Print** Parent/Guardian Name: \_\_\_\_\_

**Signature** Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Medical Care and Treatment

I hereby give permission that my child, \_\_\_\_\_, may be given  
Emergency treatment by a qualified provider at, \_\_\_\_\_  
(Name of facility)

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be preformed for my child by a licensed physician, health care provider, hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of New Jersey that the forgoing is true and correct.

**Print** Parent/Guardian Name: \_\_\_\_\_

**Signature** Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_