2018 (IMPACT) CENTRAL JERSEY VOLLEYBALL CLUB
HTC TOURNAMENT PLAYER PERMISSION SLIP

CENTRAL JERSEY VOLLEYBALL AND RAHWAY RECREATION (732) 669-3600
2018 GIRLS HEALING THE CHILDREN INVITATIONAL CHARITY TOURNAMENT 9/30/18
(grades 9-12 on 9/18)
DATE: __/__/___ GRADE AS OF 9/18_____T-SHIRT SIZE_____(Adult Sizes)
NAME OF PARTICIPANT:_____AGE:___

DOB: __/__/__SEX: M___F___
HOME ADDRESS: _____
HOME PHONE: _____ MOTHER'S NAME_____
WORK PHONE: _____
FATHER'S NAME: _____WORK PHONE: _____
CHILD MAY ONLY BE RELEASED TO THE CHILD'S CUSTODIAL PARENT(S) OR PERSON(S) AUTHORIZED BY THE CUSTODIAL PARENT(S), TO ASSUME RESPONSIBILITY FOR THE CHILD IN AN EMERGENCY IF THE CUSTODIAL PARENT(S) CANNOT BE REACHED. CHILD MAY ONLY BE RELEASED TO THE CHILD'S CUSTODIAL PARENT(S) OR PERSON(S) AUTHORIZED BY THE CUSTODIAL PARENT(S), TO ASSUME RESPONSIBILITY FOR THE CHILD IN AN EMERGENCY IF THE CUSTODIAL PARENT(S) CANNOT BE REACHED.
NAME_____ADDRESS_____PHONE_____
NAME_____ADDRESS_____PHONE_____ TO BE FILLED OUT BY A PARENT OR GUARDIAN: HEALTH HISTORY DOCTOR'S NAME & Dr NAME_____PHONE_____
ALLERGIES_____DISEASES_____ASTHMA_____OPERATIONS OR SERIOUS INJURIES(DATES)_____ CHRONIC OR RECURRING ILLNESS_____ RECOMMENDATIONS AND RESTRICTIONS WHILE IN THE PROGRAM._____ SPECIAL DIET:_____CLASSIFICATION: _____ SPECIAL MEDICINE:_____IS PARENT SENDING IT?_____ IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PARKS & RECREATION DIVISION, TO ADMINISTER EMERGENCY MEDICAL CARE FOR MY CHILD.
SIGNATURE OF PARENT OR GUARDIAN:_____
PARTICIPATION WAIVER AND RELEASE I HEREBY AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE ABOVE PROGRAM(S) HOSTED AT THE RAHWAY RECREATION CENTER, RUN BY IT'S EMPLOYEES, INSTRUCTORS, AND AGENTS UPON THE UNDERSTANDING AND CONDITION THAT: 1.) I RECOGNIZE THE RISKS OF ILLNESS AND INJURY INHERENT IN ANY OF THE PROGRAMS MY CHILD WILL BE PARTICIPATING IN WITH THE DIVISION OF RECREATION UPON THE EXPRESS AGREEMENT AND UNDERSTANDING THAT I AM HEREBY WAIVING AND RELEASING CENTRAL JERSEY VOLLEYBALL CLUB LLC, THE RECREATION DEPT.,THEIR STAFF,THE CITY OF RAHWAY, AND THE PARTICIPATING HOST SCHOOLS FROM ANY AND ALL CLAIMS ARISING OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAMS OR ANY ILLNESS OR INJURY RESULTING THEREFROM. I HEREBY FURTHER AGREE TO INDEMNITY AND HOLD HARMLESS CENTRAL JERSEY VOLLEYBALL CLUB LLC, THE RECREATION DEPT.,THEIR STAFF AND THE CITY OF RAHWAY FROM AND AGAINST ANY AND ALL SUCH CLAIMS. 2.) I AGREE TO INFORM THE RECREATION DIVISION, AND CENTRAL JERSEY VOLLEYBALL OF ANY CHANGE IN MY PHYSICAL CONDITION WHICH MIGHT IN ANY WAY ADVERSELY AFFECT MY ABILITY TO PARTICIPATE IN ANY OF THE PROGRAM(S) SAFETY.
I ALSO, AS WITNESSED BY SIGNATURE UNDERSTAND THE NATURE OF THE ACTIVITY WITH REGARDS TO DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE WHETHER THESE RISKS ARE KNOWN OR UNKNOWN. I FURTHER FOREVER RELEASE CENTRAL JERSEY VOLLEYBALL LLC AND THE OWNERS OF THE (4) VENUES FROM ANY AND ALL ACTIONS, CLAIMS AND DEMANDS RELATED TO MY PARTICIPATION IN THESE ACTIVITIES

MY CHILD IS UNDER THE CUSTODIAL CARE OF: (CHECK ONE) BOTH PARENTS_____
MOTHER ONLY_____FATHER ONLY_____OTHER(PLEASE EXPLAIN)_____

SIGNATURE OF PARENT OR GUARDIAN:_____