

CITY OF VENTNOR RECREATION FORM

Child's Name: _____

Parent or Guardian: _____

Primary E-Mail: _____

Primary Emergency Contact Name: _____

Primary Emergency Contact Phone Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Number: _____

Home Address: _____

Allergies/Medical Conditions:

LIABILITY RELEASE

As parent or legal guardian of the above-named child, I hereby give my permission for him/ her to participate in the Ventnor Recreation Program. To the best of my knowledge, my child is physically able to participate and I understand that the City of Ventnor, and the Ventnor Recreation Department, do not provide medical liability insurance coverage in case of injury. I hereby release and hold harmless the City of Ventnor and the Ventnor Recreation Department, and its employees, and the officers, staff, members, and other volunteers of the Ventnor Recreation Program from any liability, medical or otherwise, resulting from my child's participation in the program, except in cases of gross negligence.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date _____