

2010 Summer Recreation Program Permission Slip

_____ (Please PRINT child's name) has my permission to participate in the Newark Valley Joint Summer Recreation Program with the understanding that he/she will be under the care and jurisdiction of the recreation counselors.

Signed: _____ (Parent or Legal Guardian)

Address: _____

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Telephone: _____ Grade: _____ Age: _____ DOB: _____

Emergency contact name and number (Available during Rec. hours):
