

MARPLE NEWTOWN YOUTH RECREATION CENTER (MNYRC)*

* The MNYRC is a program of the Marple Newtown Joint Recreation Commission, ably aided by the Friends of the YRC.

Note to Parent/Guardian: Marple Newtown Joint Recreation Commission insures ALL of its activities for PUBLIC LIABILITY AND PROPERTY DAMAGE ONLY. Registrants, participants, and general public use, is AT ONE'S OWN RISK. The Marple Newtown Joint Recreation Commission, Marple Township, Newtown Township, Marple Newtown School District and any of their agents WILL NOT be responsible for any medical bills received as a result of any participation injury, in any of their programs, activities, or use of properties or facilities.

Parents/Guardians of minor children ARE REQUIRED to complete the following insurance information and certification before they will be allowed to participate.

ALL MEDICAL CLAIMS MUST BE SENT TO YOUR PERSONAL HEALTH PLAN PROVIDER.

I have read the above requirements and fully understand its content, and hereby Hold Harmless the parties of the Marple Newtown Joint Recreation Commission for injuries sustained while participating in any of its activities and programs. In addition, I agree that pictures/video taken during this program may be used for future promotional purposes (news releases, web site, etc.).

X _____
Parent/Guardian Signature Date

MNYRC 2018-2019 Season... PLEASE READ CAREFULLY AND PRINT ALL INFORMATION

STUDENT NAME: _____ GRADE: _____

SCHOOL ATTENDING: _____ AGE: _____ Date of Birth: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PARENT'S PHONE: home: _____ cell: _____ work: _____

E-MAIL (only MNYRC info sent): Parent: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____

INSURANCE PLAN NAME: _____ POLICY/GROUP#: _____

Use reverse side for or attach additional medical information. Check if such info. is included: _____

CHECK ONE & SIGN (Signature indicates receipt/acceptance of terms/rules herein, and on reference card):

____ NO, I will **NOT** allow my child, _____, to exit the YRC prior to the 10:00 P.M. closing **without** an adult. **My child MUST leave with an adult.**

X _____
Parent/Guardian Signature Date

____ YES, I will allow my child, _____, to **EXIT** the Youth Recreation Center **ON THEIR OWN AT ANY TIME.** I understand that they will NOT BE ALLOWED TO RE-ENTER THE YRC ON THE SAME DAY.

X _____
Parent/Guardian Signature Date

NOTES: A registration form must be on file for each student participating in the Youth Recreation Center Program. Forms can be completed in advance via the MN Recreation office or at the YRC any night of operation. Also, MNYRC is not responsible for lost, missing or damaged personal items.

MNYRC Use Only: Paid Cash _____ Check # _____ Amount \$ _____ Date Rec'd _____