

# 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 2017-2018 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 \_\_\_\_\_