

BROOKSIDE BEACH SQUIRT TAG EVENT
Monday, August 25th, 3-4pmPM (Rain Date, Wed. 8/27, 3-4pm)
Sponsored by Mendham Township Recreation
Brought to us by Combat Sports
For children ages 5-10 years old

Come enjoy the beach for the afternoon & top it off with our squirt tag event from 3-4pm. **Space is limited**
PRE-REGISTRATION IS REQUIRED! Pre-Registration FEE BEFORE 8/5 is \$15.00;
REGISTRATIONS AFTER 8/15 IS \$20. Space is limited to 40 kids.

Check for this program should be made payable to Mendham Township Recreation. **Tear off bottom of registration form and mail to:** Mendham Township Recreation, P.O. Box 520, 2 West Main Street, Brookside, NJ 07926. For multiple children please send one check, but make sure to complete individual registrations so we have all necessary medical information. In case of rain, a cancellation notice will be emailed to all by 12 noon that day and posted on the website & an alternate date will be set for the event.

Brookside Beach Squirt Tag Event, August, 25th, 3-4PM (rain date 8/27 3-4pm)

CHILD'S NAME: _____ GRADE _____

ADDRESS: _____

HOME #. _____

E-MAIL _____ CELL # _____

ALLERGIES OR MEDICAL CONDITIONS: _____

WHERE PARENT'S CAN BE REACHED IN CASE OF AN ILLNESS OR EMERGENCY

PARENT/GUARDIAN'S NAME & NUMBER 1 _____

PARENT/GUARDIAN'S NAME & NUMBER 2 _____

DOCTOR'S NAME AND PHONE UMBER: _____

PARENTAL CONSENT

I hereby grant permission for my child/children to participate in all activities of the Mendham Township Laser Tag Program. I assume all risks and hazards incidental to the conduct of the program activities and transportation to and from the program. I do further release, absolve, indemnify, and hold harmless organizers, sponsors, and agents of Mendham Township or any of the supervisors appointed by them.

I GIVE MY () SON () DAUGHTER PERMISSION TO PARTICIPATE

PARENT SIGNATURE _____ DATE: _____

CHECK AMOUNT ENCLOSED _____ DATE PD _____

PHOTO RELEASE

By signing below I agree to allow Mendham Township Recreation to use a photo (or photos) of my child in publications such as the Mendham Township Newsletter, or local press publications. I understand that use of my child's photo will be anonymous. My name of my child's name will NOT be used.

Parent Signature _____ DATE: _____