



# West New York

## APPLICATION FOR TRACK

DEPARTMENT OF RECREATION  
428 60th Street  
West New York, NJ 07093

Date: \_\_\_\_\_

### Personal Information

#### **A separate form MUST be completed for each child**

Child's Name:

\_\_\_\_\_ Last First Middle

Address:

\_\_\_\_\_ Street (Apt.) City, State Zip

Home phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School attending: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_ Shirt size \_\_\_\_

Does your child have any Health conditions? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

#### **Parent/Guardian Information:**

Mother/Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Email:** \_\_\_\_\_

Father/Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Email:** \_\_\_\_\_

#### **In case of an Emergency, please provide information for someone to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_



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## TRACK PROGRAM

### **WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION AGREEMENT**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In consideration for myself and my minor child being permitted by the West New York Recreation Department to participate in Track, I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor child may sustain or which I understand and agree that:

1. This release is intended to discharge in advance the Town, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself or minor child to participate in the described activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the Town of West New York, its officers, employees and agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
7. I will indemnify and to hold the Town of West New York harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor child may sustain while participating in said activities;
8. I will make good any loss or damage or cost the city may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
9. In the event that said minor requires medical or surgical treatment while under the supervision of said Town personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I or my minor child may incur as a result of such treatment;

11. I understand that the Town of West New York Staff may photograph or videotape me and/or my minor child and that the Town of West New York may use such photographs or videotapes to promote the Town's program and classes. I expressly allow, and hereby, waive any objection to, the Town's photographing and/or videotaping of me and/or my minor child when I and/or my minor child are participating in a Town Recreational program. I understand all photos and videotapes will remain in the property of the Town of West New York Recreation Department.
12. I understand that The Town of West New York, its officers, employees and agents will not be responsible for any loss or stolen goods that your child may bring to the program.
13. The Town of West New York is not responsible for any child once the child has left the facility.

I certify that I have custody or am the legal guardian of said minor by court order, and that I and my minor child are physically able to participate in the described activities.

I have carefully read this Waiver of Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Town of West New York, and that I sign it on my own free will.

Parent/Guardian Name: \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*BIRTH CERTIFICATE & PROOF OF ADDRESS IS NEEDED***

**Proof of address \_\_\_\_ School Report Card: \_\_\_\_ Birth Certificate \_\_\_\_ Medical Ins. Card \_\_\_\_**