



JCC MetroWest
Summer Day Camps
Triple Threat Theater Camp



Leon & Toby Cooperman JCC Building | 760 Northfield Ave | West Orange, NJ 07052

Phone: 973-530-3400 • Fax: 973-736-6871

Parent Permission Waiver

Required for all Programs

1. My child _____ has my permission to participate in the JCC MetroWest/Triple Threat Theater Camp's program activities. I understand that these programs include field trips off the premises.
2. In order for a staff member to administer medication to any child, a medical permission form must be received with the medication.
3. I understand that in case of emergency and I am unable to be contacted, I give permission to the JCC MetroWest/Triple Threat Theater Camp to authorize any emergency action necessary to insure the safety of my child.
4. Participation in any JCC MetroWest/Triple Threat Theater activity and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the JCC MetroWest/Triple Threat Theater Camp I/we, as an individual or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by the JCC MetroWest/Triple Threat Theater Camp.

_____ JCC MEMBER Membership # _____

Name of Participant _____

Address _____

City _____ Zip _____ School _____ Grade _____

Parent #1 Name _____ Parent #2 Name _____

Parent #1 Home Phone () _____ Parent #2 Home Phone () _____

Parent #1 Work Phone () _____ Parent #2 Work Phone () _____

Parent #1 Cell phone () _____ Parent #2 Cell phone () _____

EMERGENCY CONTACT

Name _____ Relationship _____ Day Phone () _____

Doctor _____ Phone () _____

Allergies or medical needs _____

Please list the names of adults permitted to pick up your child(ren)

Name _____ Relationship _____

Name _____ Relationship _____

Registration Form Must Be Signed with Parent's or Guardian's Consent:

Signed (Parent or Guardian) _____ Date _____