

Wharton Summer Recreation Program

1. Participant's Name: _____ Next year's grade: _____
(siblings)

2. Participant's Name: _____ Next year's grade: _____

3. Participant's Name: _____ Next year's grade: _____

4. Participant's Name: _____ Next year's grade: _____

Address: _____
Wharton, NJ 07885

Parent/Guardian

Name: _____

Email: _____

Number(s) where you can be reached during 9am and 12pm: _____

Alternate Emergency

Contact: _____
(Name) (Phone Number)

Health Concerns: _____
(specify which child) _____

I certify that my child is in good health and has my permission to participate in the 2014 Wharton Summer Recreation Program at Robert Street Park. I also give permission for my child to receive treatment at the nearest hospital/emergency treatment center in the event of an accident, injury, or illness.

Parent/Guardian Signature: _____

_____ I give permission for my child's picture to be on the
(initial) Wharton Rec Facebook Page.

**** My child has permission to walk home if they are not picked up: YES or NO ****