

Latch Key Registration Form

YES! SIGN ME UP NOW!

- Please check appropriate boxes!
- A separate form must be filled out for each child attending.
- There will be no refunds. Payment is required on Monday for each week.
- Children must be registered in the Summer Recreation Program in order to participate in the Latch Key Program.
- All children must be registered at least one week prior to their participation.

- Fee: \$ 6.00 per day A.M. Session, \$ 6.00 per day P.M. Session, or \$10.00 per day A.M. and P.M. Session

If a child is not picked up by 6:00 p.m., a \$10.00 charge will be charged in 15 minute increments.

- A.M. Session: 7:00 - 8:30 a.m.
- P.M. Session: 3:00 - 6:00 p.m.

	All Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total \$ For Week
June 24 - June 28	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____					
July 1 - July 5	<input type="checkbox"/> AM <input type="checkbox"/> PM	CLOSED	CLOSED	_____			
July 8 - July 12	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____					
July 15 - July 19	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____					
July 22 - July 26	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM ONLY	_____				

TOTAL AMOUNT ENCLOSED: _____

Parent Name _____

Child Name _____ Age _____

Address _____ Town _____ Zip Code _____

Phone _____ Emergency Phone _____

In order for my child to participate in the program, I must sign the liability waiver on the back of this form.

Does your child have any medical conditions/allergies that we should know about? Yes No

If yes, please explain: _____

Please Bring or Mail Form To: RiverWinds Community Center
Attn: Latch Key Program
1000 RiverWinds Drive
West Deptford, NJ 08086



THIS DOCUMENT MUST BE SIGNED AND ON FILE PRIOR TO YOUR CHILD'S FIRST DAY IN THE RECREATION PROGRAM.

IMPORTANT – PLEASE READ CAREFULLY. This document affects your legal rights. All Participants of the West Deptford Summer Recreation Program are minors under 18 years of age; therefore this Agreement must be signed by a parent or legal guardian on behalf of each Participant. The parent or legal guardian agrees to these terms individually, and on behalf of the minor, to the extent permitted by law. Only a parent or legally appointed guardian may sign for a Participant.

**West Deptford Township Summer Recreation Program
Permission/Waiver and Release of Liability**

FOR AND IN CONSIDERATION of the opportunity to participate in the West Deptford Summer Recreation Program (hereinafter referred to as "Program") by the Township of West Deptford, the parent or legal guardian of the Participant understands, acknowledges and agrees as follows:

1. I, as parent/legal guardian of _____ (child's name) (hereinafter referred to as "Participant"), hereby give permission for him/her to attend the Program including all recreational activities and/or field trips sponsored by the West Deptford Township Recreation Department.

2. I am aware that recreational and other related activities such as those offered during the Program include certain inherent risks, including, but not limited to, the risk of injury or loss and risk to person or property by accident, injury or otherwise.

3. I agree to obey all federal, state, county and municipal laws and regulations, including but not limited to, the rules of the West Deptford Recreation Department. I will follow all directions and instructions given regarding the Program and its associated activities. I agree that West Deptford Township, and their employees, agents or contractors, will not be legally responsible for any loss or damage of any kind to my child resulting from any cause, including negligence. I agree that my child shall use all facilities and equipment according to the rules and regulations of the Program. I understand and agree that West Deptford Township shall not be liable for any loss damage or injury resulting from the use of said facilities and equipment by my child.

4. West Deptford Township reserves the right to dismiss any Participant from the Program if, in the discretion of its agent or supervisor, it is determined that Participant has failed to abide by the rules or regulations of the Program or poses a threat to his/her safety or the safety of others with no refund of any monies paid.

5. I am voluntarily participating in this Program. I am aware of the risks to my person and to my property by accident, injury or otherwise. I acknowledge and expressly assume all risks of the activities of or associated with the Program, whether or not described above, known or unknown and inherent or otherwise. I take full responsibility for any injury or loss, including death, which I may suffer, arising in whole or part of such activities.

6. I hereby release, waive, discharge and hold harmless, West Deptford Township and its agents, officers, servants, employees and contractors from any and all claims, actions, causes of action, injury or loss which I may suffer arising out of or in any way related to the Program and participation in the activities of the Program. I agree that I will not sue, or otherwise make any claim against West Deptford Township, or their employees, agents (whether paid or volunteer), and contractors for any loss, injuries or damages resulting from the participation of my child in the Program.

7. I will indemnify, defend, and hold harmless (that is defend or satisfy by payment or reimbursement, including costs and reasonable attorney's fees) West Deptford Township and its elected and appointed officials, agents, officers, servants, employees, contractors, and others working on behalf of the Township of West Deptford from any and all claims, actions, causes of action or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, may arise out of the Program and the participation in the activities of the Program, including any loss, injury or damage resulting from the use of any facilities or equipment.

8. I authorize West Deptford Township and its agents, officers, servants and employees to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for immediate care for any Participant for whom I sign and I will be responsible for payment of any and all medical services rendered.

9. I understand that this is a binding contract, which supersedes any other agreement or representations. This release is not necessarily intended to provide a complete release of liability, nor is it intended to assert defenses that would be prohibited by law. In the event that any provision of this Agreement shall be, or become, invalid under any law, applicable regulation or Court decision, such invalidity shall not affect the validity or enforceability of any other provision of this Agreement; so that the remainder of the Agreement shall nevertheless remain in full force and effect.

10. The terms and provisions of this Agreement shall be construed pursuant to, and in accordance with, the laws of the State of New Jersey. It is agreed that the venue of any action, writ or dispute that may arise out of this Agreement shall be Gloucester County, New Jersey. I agree that if a legal dispute arises, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears in the registry of names recognized by the State of New Jersey as qualified persons for mediation assignments. To the extent mediation does not result in resolution, I agree to submit the dispute to binding arbitration through the American Arbitration Association.

11. I agree to pay all costs and attorney's fees incurred by West Deptford Township in defending an action, claim or suit brought by me or on behalf of a Participant for whom I signed, if the action, claim or suit is withdrawn, or to the extent a Court determines that West Deptford Township is not responsible for the claimed injury or loss.

I HEREBY ACKNOWLEDGE AND AGREE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE AGREEMENT AND THAT AFTER CAREFUL CONSIDERATION, I HAVE ENTERED INTO IT VOLUNTARILY AND KNOWINGLY GIVING UP SUBSTANTIAL RIGHTS. I UNDERSTAND THAT ITS TERMS CANNOT BE AMENDED EXCEPT IN WRITING AND THAT IT IS BINDING TO THE FULLEST EXTENT ALLOWED BY LAW. I UNDERSTAND THAT MY REFUSAL TO SIGN THIS PERMISSION/WAIVER AND RELEASE OF LIABILITY FORM WOULD PROHIBIT IN MY CHILD'S ADMISSION TO THE PROGRAM.

Witness

Date

Printed Name of Participant

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date