

BOROUGH OF MONTVALE

12 MERCEDES DRIVE

Montvale, NJ 07645



VOLUNTEER REGISTRATION FORM

LAST NAME: _____

FIRST NAME: _____

AGE (*If under 18 yrs old*): _____

HOME ADDRESS: _____
(Street Address)

(City, State, Zip)

EMAIL ADDRESS: _____ CELLPHONE: _____

PARENT/GUARDIAN'S NAME: _____
(*If under 18 yrs old*)

EMERGENCY CONTACT INFORMATION

Please list two (2) Emergency Contacts in the order you would like us to follow:

1st EMERGENCY CONTACT : _____

RELATIONSHIP: _____ CELLPHONE: _____

2nd EMERGENCY CONTACT : _____

RELATIONSHIP: _____ CELLPHONE: _____

PERMISSION:

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I HEREBY ACKNOWLEDGE:

FOR PARTICIPANTS UNDER 18 YRS OLD -- PARENTAL CONSENT

I UNDERSTAND THIS ACTIVITY CARRIES INHERENT RISK AND AS SUCH, ACKNOWLEDGE MY CHILD WILL BE EXPOSED TO THIS RISK AS A PARTICIPANT IN THIS ACTIVITY;

HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE EVENT AS DESCRIBED ABOVE.

AND PROVIDE FURTHER PERMISSION FOR ANY AND ALL MEDICAL ATTENTION NECESSARY BE ADMINISTERED TO MY CHILD IN THE EVENT OF AN ACCIDENT, INJURY OR SICKNESS.

Parent/Guardian – SIGNATURE

Parent/Guardian – PLEASE PRINT

PARTICIPANTS 18 YRS OLD & OVER

AND UNDERSTAND THIS ACTIVITY CARRIES INHERENT RISK AND AS SUCH, ACKNOWLEDGE I WILL BE EXPOSED TO THIS RISK AS A PARTICIPANT IN THIS ACTIVITY;

THIS RELEASE IS EFFECTIVE FOR THE DURATION OF THE EVENT/PROGRAM FROM THE DATE I EXECUTE THIS PERMISSION SLIP.

SIGNATURE

PRINT NAME

DATE