

# WALL YOUTH CENTER AND COMMUNITY SERVICES

1824 South M Street  
Wall, New Jersey 07719

Timothy J. Farrell, Mayor  
Kevin P. Orender, Deputy Mayor  
George K. Newberry  
Dominick DiRocco  
Carl Braun



Patti Mariconda, MA, LCADC  
Director

(732) 681-1375  
FAX (732) 681-7512

## Consent and Release

This instrument is to certify that \_\_\_\_\_ of the  
(Parent/Guardian's Name)

Township of Wall, in the County of Monmouth, and the State of New Jersey, in consideration of the benefit to be gained by our child(ren) \_\_\_\_\_, through participation in organized programs and activities at the Wall Youth Center and Community Services, including but not limited to counseling, we do hereby consent to our child's participation in said programs and activities and, further, do hereby release the Wall Township Committee, the instructors and counselors of said Wall Youth Center and Community Services, and the Township of Wall, its officers, agents, servants and employees from any and all claims, demands, or legal actions or lawsuits for personal injuries, property damage, or otherwise whatsoever based upon or arising out of our child's participation in said Wall Youth Center and Community Services programs and activities.

## Photo Release

I hereby grant permission to Wall Youth Center and Community Services employees, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I understand that I may revoke this authorization at any time by notifying The Wall Youth Center and Community Services.

## Please Print

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Meds: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(For our calendar and special events)

**Parent/Guardian's Name (Please Print):** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_