

**WALL YOUTH CENTER
AND COMMUNITY SERVICES**

1824 South M Street
Wall, New Jersey 07719

Carl Braun, Mayor
Thomas M. Kingman, Deputy Mayor
Timothy J. Farrell
Kevin P. Orender



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) _____,
(Child/Children's Name)

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: _____

Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____

Allergies/Meds: _____

Address: _____ Town: _____ ZIP: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Emergency Contact Name: _____ Phone #: _____

E-Mail: _____

Parent/Guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____ **Date:** _____