

CYO Bromley Neighborhood Community Center



Summer Food Service Program

Application

2019



Parent's Name: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Child's Name _____

Date of Birth _____ Age _____ Gender _____

School _____

Child's Name _____

Date of Birth _____ Age _____ Gender _____

School _____

Child's Name _____

Date of Birth _____ Age _____ Gender _____

School _____

Emergency Contact Information

The following person(s) are authorized to be contacted in case of an emergency if I cannot be reached.

Name	Phone #	Relationship to Child
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Name	Phone #	Relationship to Child
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Please Complete Both Sides of this Form



Food Allergies

Please list any food allergies, health issues, or special circumstances that we should be aware of:

Acknowledgement of Risk/Wavier and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognize that there are certain risks of physical injury in any activity and I hereby assume full responsibility for any expenses incurred as a result in my child's participation in the CYO Summer. I agree to A) waive and relinquish: B) fully release and discharge; and C) indemnify and hold harmless the CYO of Mercer County, CYO Bromley Neighborhood Community Center, and Hamilton Township and their officers, agents, and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Bromley Summer Food Service Program.

Signature of Parent or Guardian Date

Photo/Video Release

I give _____/do not give _____ the CYO Bromley permission to use any photographs or video of my child for any promotional or other legitimate reason, including newspapers, brochures, website, Facebook, etc.

Signature of Parent or Guardian Date