



Anthony Vauss
Mayor

TOWNSHIP OF IRVINGTON
DEPARTMENT OF RECREATION
CHRIS GATLING RECREATION CENTER
285 UNION AVENUE
IRVINGTON, NJ 07111
Tel. (973) 399-6597 Fax: (973) 399-6594
Email: www.irvington.net

Donald Malloy
Director

20 ____ YOUTH ACTIVITY PROGRAM (Fall / Winter / Spring)

Please bring one of the following from each list for registration:
(if you do not have the documents listed below, your child will not be allowed to register for the program)

1. **Proof of address:** PSE&G Bill / Lease / Valid NJ Driver's License 2. **Proof of Age:** Birth Certificate / Passport (current).

If your child is not prepared for their activity, parents will be called to bring their clothes!!
Youth Basketball: black shorts & white t-shirts. **COMBATT Boxing:** hand wraps, mouth guard, sweat pants, t-shirts.

DAILY ACTIVITY SCHEDULE:

☐ **IRVINGTON YOUTH BASKETBALL:**

Monday & Thursday 3:30 pm – 5:00 pm, (\$35 for 10 mos)

☐ **TAE KWON DO** with Master Robert Lewis: Wednesday & Friday 3:30 pm – 5:00 pm (\$35 for 10 mos)

☐ **YOUTH BOXING** with COMBATT (ages:8-12): Wednesday & Friday 3:30 pm – 5:00 pm (\$35 for 10 mos)

☐ **JUNIOR BASKETBALL** (ages: 13 – 17): Wednesdays 6:30 pm – 8:30 pm (**FREE**)

☐ **IRVINGTON DANCE COMPANY:** Monday & Tuesday 3:30 pm – 5:00 pm (**FREE**)

☐ **OPEN ACTIVITY:** Tuesday 3:30 pm – 5:00 pm (**FREE**)

☐ **IRVINGTON STRONG ART PROGRAM:** Friday 3:30 pm – 5:00 pm (**FREE**)

☐ **IMPAC PERFORMING ARTS PROGRAM (piano or vocal):** Monday or Thursday 5:30 pm – 6:30 pm
(**FREE**)

☐ **SMALL BALL LEAGUE / DISCIPLINE BASKETBALL:** Monday & Thursday 5:00 pm – 7:00 pm

AFFILIATED PROGRAMS CONTACT FOR INFORMATION:

International Youth Boxing: (call: 973-641-3381)

Golden Knights Football: (call: 973-580-0433)

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Contact # _____

Emergency # _____ Email address: _____

Parent/Guardian Signature: _____ Date: _____

Cash / Money Order (payment) *Absolutely **No Refunds** *

Receipt#: _____ Received by: _____ Date: _____

PLEASE NOTE:

Activities are from January to June and then September to December. During the months of July & August,
The Chris Gatling Recreation Center's hours of operation are from 9:00 am to 5:00 pm (Monday thru Friday).



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Medical Form

Child _____

Address _____

Name of Mother _____ Telephone _____

Name of Father _____ Telephone _____

In the event of an emergency where the parents cannot be reached please list 2 other responsible contact person with current number and address:

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

1. Does your child (ren) have any physical disabilities or limitations? Yes___ No___
Comment on type _____
2. Are there any medical, physical, and/or emotional concerns? Yes___ No___
Comment on type _____
3. Does your child (ren) have any allergies (food allergies)? Yes ___ No___
Comment on type _____
4. Is your child (ren) under a doctor's care at this time? Yes ___ No___
Comment on type _____
5. Is your child (ren) taking any type of medication
(e.g.: asthma inhaler, psychotropic, antibiotics, etc) ? Yes___ No___
Comment on type _____

Signature of Parent or Legal Guardian _____ Date _____



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Winter/Fall Rules & Policies

1. This is a daily activity program.
2. You must respect those in charge of your children.
3. Fighting, profanity, disrespect to adults (staff) and destruction of property will not be tolerated at all. If the child cannot comply with the rules, they will be suspended from the program.
4. No electronic devices are allowed in the building, but cell phones are for emergency only. The children will have no time to play with them. Staff will take the phones (for safe keeping) and place them at the front desk. Your child can pick up his/her phone at the end of program.
5. Your child must be enrolled in a program for that day if they are to participate in an activity. If not enrolled your child will not be allowed in the building period. **NO EXCEPTIONS.**
6. Children over 13 years of age (adults included) must have their I.D. card at all times.
7. All children must arrive to the building before 3.30pm. We will NOT accept any latecomers. Anyone that comes after 3.30pm, without a valid reason/excuse, will not be allowed in the program.
8. All children must be picked up by 5:00pm no later than 5:15 pm. or we will notify the police department. **5:15 pm is the grace period time. Your child must be picked up by 5:00 pm which is the end of the designated program time. NO EXCEPTIONS**
9. **It's Mandatory that you sign your child out EVERYDAY!!!**
10. Your child must be dressed properly for their activity for the day; otherwise they will not be allowed to participate in the program. A phone call will be made to the parent/guardian to bring the appropriate attire for the activity or the child must go home.
11. Staff, employed by the Township of Irvington, is allowed to be in the area where the Winter/Fall Activity Program is taking place. (No Exceptions).
12. Policies must be adhered to, or your child will not be accepted in the FALL/WINTER/SPRING activity program.
13. Only parents are allowed to pick up child/children unless, written authorization by the parent is received designating another person, & must name the person as well as present ID.
14. If your child is a frequent offender of the above mentioned, your child will be suspended and eventually expelled from the program.

Agree: Yes ☐ No ☐

Child's Name _____ Parent Name _____
Print Signature

Address _____ Ph# _____

Date: _____



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A PARENT, LEGAL GUARDIAN, OR EMPOWERED REPRESENTATIVE OF EACH MINOR CHILD(REN) REGISTERING TO ATTEND DEPARTMENT OF RECREATION SUMMER DEPARTMENT OF RECREATION S (THE "DEPARTMENT OF RECREATION ") MUST AGREE TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AND NAME AND LIKENESS PRIOR TO THE CHILD(REN) PARTICIPATING IN THE DEPARTMENT OF RECREATION CAMP.

I, on behalf of myself and my Child(ren), hereby acknowledge and agree that:

Name and Likeness Release:

In consideration for my child(ren) being permitted to participate in the Department of Recreation, I hereby grant permission to Department of Recreation for The Township of Irvington, and each of its affiliated or subsidiary companies, their successors, agents, and assigns ("Department of Recreation") to utilize my child(ren)'s name, voice, and likeness (including, but not limited to, photographs and any video/audio recording of my child(ren)'s appearance at the Department of Recreation) in any and all manner and media, now known or hereafter developed, throughout the universe in perpetuity without limitation and without additional compensation or consideration, notification, or permission, unless prohibited by applicable law. I hereby waive any right that I or my child(ren) may have to inspect or approve any finished product (including, but not limited to, any Department of Recreation blog, brochures, videos, slide shows, web sites, and/or other materials) or any advertising copy that may be used in connection therewith or the use to which it is applied. I hereby warrant that I have the right to make this release on behalf of my child(ren) and that my granting this waiver and release and the rights conveyed thereby will not infringe upon the rights of any third party.

I hereby assign all rights, title, and interest my child(ren) or I may have in any and all media now known or hereafter developed in which any or all of my child(ren)'s appearance, name, voice, and/or likeness have been captured in connection with the Department of Recreation, along with full rights of assignability. I understand and agree that any photographs and/or video/audio recordings I make of my child(ren) at the Department of Recreation shall be used solely for my and his/her/their private, noncommercial use, and that absolutely no sale, transmission, distribution, or commercial use of any such photographs and/or video/audio recordings or descriptions are permitted.

Medical Treatment:

In connection with any injury my child(ren) may sustain or illness or other medical conditions my child(ren) may experience during his/her/their participation in or attendance at the Department of Recreation , I authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by the attending medical personnel if I am not able to act on my child(ren)'s behalf. In the event that I cannot be contacted in the event of an emergency, I further hereby grant Department of Recreation permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. I further authorize the attending medical personnel to execute on my child(ren)'s behalf any permission forms, consents, or other appropriate documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that Department of Recreation will notify me if my child(ren) becomes ill during Department of Recreation hours, and I will arrange to have my child(ren) picked up immediately from Department of Recreation . Further, I waive and release Department of Recreation and its owners, officer, directors, employees, agents and independent contractors from any and all liability for personal injuries, illness, loss, or damage to property.

Initials _____



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Department of Recreation Policies and Rules:

I understand and agree that my child(ren) must abide by the Department of Recreation policies and rules and the instructions of the Department of Recreation organizers, employees, staff, counselors, and volunteers at all times, and that my child(ren)'s failure to do so will result in his/her/their immediate dismissal from the Department of Recreation. Some of these policies, rules, and instructions are written and some are at the sole discretion of the Department of Recreation organizers, employees, staff, counselors, and volunteers; however, it is understood that all policies, rules, and instructions seek at all times to ensure the overall safety of the Department of Recreation and each of its participants. Furthermore, should my child(ren) fail to behave in an appropriate manner, intentionally harm another participant, exhibit signs of illness, or violate any Department of Recreation policy and rule, I shall promptly retrieve my child(ren) when contacted by Department of Recreation to do so, or, if I am unable to do so, notify Department of Recreation of the person retrieving my child(ren) on my behalf. I acknowledge and agree that no part of the tuition paid will be refunded to me should my child(ren) be dismissed from the Department of Recreation. I also understand and agree that no reduction or prorated in the tuition will be made for late arrivals, early departures, vacations, illness, or injury.

Liability Release and Indemnity Agreement:

I, on behalf of my child(ren), hereby release and forever discharge and agree to indemnify and save and hold harmless, Department of Recreation facility partners, the respective owners (direct and indirect) and each of their respective parents and affiliated and subsidiary companies, volunteers associated or affiliated with the Department of Recreation, and each of the aforementioned respective officials, owners, partners, directors, officers, employees and agents, and the other participants in the Department of Recreation (each such entity or individual being referred to as a "Released Party"), of and from any and all injuries (including personal injury, disability, dismemberment, and death), illness losses, damages, claims, liabilities, or expenses of any kind or nature (and whether accruing to me, my child(ren), my heirs, or my personal representatives) that are caused or alleged to be caused in whole or in part by the action, negligence, or failure to act by any Released Party or condition of any real or personal property, facility, or equipment of any Released Party, and that arise out of or are in any way connected with any aspect of the Department of Recreation or my child(ren)'s participation therein or attendance thereat. I acknowledge that, in the event of any breach by Department of Recreation, or any third party, the damage, if any, caused me or my child(ren) thereby will not be irreparable or otherwise sufficient to entitle me or him/her/them to seek injunctive or other equitable relief, and my child(ren) and I will be strictly limited to the right, if any, to recover damages in an action at law.

Neither my child(ren) nor I will have either the right to rescind or terminate this waiver and release or any of Department of Recreation, rights hereunder, or the right to enjoin the production, exhibition, or other exploitation of my child(ren)'s name, voice, and likeness, or any subsidiary or allied rights with respect thereto.

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I understand that any and all signatures, statements, and information provided on the *Youth Activities / Fall, Winter, Spring After School Application* and *Medical Form* are accurate and true. The Township of Irvington will not be held liable for false information provided by me. My child(ren) will be subject to termination from the program for false information provided by me.

Parents/Guardian Name Printed

Dated

Parents/ Guardian Signature

Witness

Youth Name

Address:

Phone Number: _____ **Emergency Phone Number:** _____

Absolutely No Refunds or Transfers!!!



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TRAVEL / PICK UP PERMISSIONS

I do / do not give my child / children permission to walk home from designated site.

I do not give any person permission to pick up my children.

I give the following permission to pick up my child / children:

Child / Children Name (s):

Parent/Guardian Signature:
