

## City Of Milford Recreation Department Mentor Application

Date \_\_\_\_\_ Program Applying For \_\_\_\_\_

Parents Signature \_\_\_\_\_

Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parents Cell Phone \_\_\_\_\_

Students Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Certifications/Dates \_\_\_\_\_

Special Interest \_\_\_\_\_

Days Available \_\_\_\_\_

Hours Needed for Community Service \_\_\_\_\_

**Please read the following Statement and Sign Below**

Participation in the activity may involve risk of injury. As a Parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the City of Milford, its employees, contracted instructors and volunteers from liabilities which may occur while participating in the activity. I understand that the City of Milford does not provide accident/medical insurance for program participants. In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided. Date \_\_\_\_\_

Signature(Parent/Guardian) \_\_\_\_\_

Print Parent/Guardian name \_\_\_\_\_

**Photo Permission Agreement**

Throughout the term of the program we will have opportunities to have our pictures published in the news papers/magazines, stories on the internet and on TV and other media outlets.

I do \_\_\_\_\_ I do not \_\_\_\_\_ give the City of Milford Recreation Department permission to have my child's name and or picture appear in any media source as a result of participating in this program.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_