

## City of Clifton RECREATION DEPARTMENT 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013



Web: www.cliftonrec.com Phone: (973) 470-5956 Fax: (973) 815-0599 Email: cliftonrec@cliftonnj.org

## City of Clifton, Recreation Department Parental Consent Release

## Walking & Bike Riding Permission Slip – Summer 2025

This form must be completed & submitted to the Clifton Recreation Department Office-900 Clifton Ave. 2<sup>nd</sup> Flr. prior to the child attending the summer program or to their Site Supervisor.

We (I)			residing at		
(Parent or	)	(Address)			
City	State		Zip	Phone (	)
in consideration of the benefits to	be gained by our	r (my) child,			
				(Child's N	Name)
attending SUMMER Days at the	Park at			(School Site	Number)
Sessions (Please Circle all attendi	ng): 1	2	hereby consent	to giving our (my)	child permission to walk or ride a
bike to and from the Clifton Recr	eation Departme	nt's Summer	Program at the ex	pense of and under	the sponsorship, direction, control
and jurisdiction of the City of Cli	fton, the Clifton	Recreation De	epartment, and its	agents, servants or	employees. I agree to the
following stipulations: (Yo	u must initia	l each state	ement to be ap	proved for wal	king permission.)
My child will	not be dismis	ssed until 3	3:30 p.m.		
My child will out at the end	-	itted to wal	lk to a parent/	guardian's veh	icle in lieu of not signing
				uardian will be lowed to walk o	contacted to come and or bike home.
Abuse of these policies will prohifuture. These policies are in place				nting permission of	walking/riding home in the
employees in the event of an acci	dent, other loss of the used by the	or damage that e City of Clif	at might be sustai fton as a defense	ned by us (me) or be to any action or p	partment and its agents, servants of our (my) child as a result of our or occeeding that may be brought of
Name of Parent/Gu	ardian				Date