



# City of Clifton

RECREATION DEPARTMENT  
900 CLIFTON AVENUE  
CLIFTON, NEW JERSEY 07013



# CLIFTON RECREATION

**Follow Us To Fun!**

Web: [www.cliftonrec.com](http://www.cliftonrec.com)

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**Debbie J. Oliver**  
RECREATION SUPERVISOR

## City of Clifton, Recreation Department Parental Consent Release

### Walking & Bike Riding Permission Slip

**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 Legal Guardian) (Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

in consideration of the benefits to be gained by our (my) child, \_\_\_\_\_,  
(Child's Name)

attending the \_\_\_\_\_ **Summer Days in the Park** at \_\_\_\_\_  
(Year) 1 2 (School Site Number)

**Sessions** (Please Check all attending): \_\_\_\_\_ hereby consent to giving our (my) child permission to walk or ride a bike to and from the Clifton Recreation Department's Summer Program at the expense of and under the sponsorship, direction, control and jurisdiction of the City of Clifton, the Clifton Recreation Department, and its agents, servants or employees. **I agree to the following stipulations: (You must initial each statement to be approved for walking permission.)**

\_\_\_\_\_ **My child will not be dismissed until 3:30 p.m.**

\_\_\_\_\_ **My child will not be permitted to walk to a parent/guardian's vehicle in lieu of not signing out at the end of the day.**

\_\_\_\_\_ **If my child becomes ill, during the day, a parent/guardian will be contacted to come and pick my child up immediately. They will not be allowed to walk or bike home.**

Abuse of these policies will prohibit the Clifton Recreation Department from granting permission of walking/riding home in the future. These policies are in place for the safety of the children in the program.

We (I) further testify that we (I) shall not hold liable the City of Clifton, the Clifton Recreation Department and its agents, servants or employees in the event of an accident, other loss or damage that might be sustained by us (me) or by our (my) child as a result of our (my) child's. This covenant may be used by the City of Clifton as a defense to any action or proceeding that may be brought or instituted by us (me), our (my) heirs or legal representatives in breach of this agreement.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date