## Fall/Winter Playgroup 2010-2011

Who: Children with their parents or designated caregiver

When: Friday, 10:30 am to 3:00 pm Start Date: Friday, November 5th, 2010

Address

Where: Multi-Service Center, 124 Grand Street, Gymnasium, 2nd Floor

All participants must wear white-soled shoes or socks. Food and drinks are not permitted in the gym.

The parent or designated caregiver must be present at all times to supervise your children, and is responsible for their safety at all times. This liability waiver must be signed by both the parent and the caregiver. No child may participate in the playgroup until the parent and caregiver have signed and returned this form.

Please sign and return this form to:

Laura Siegel

137 Park Ave., #1

Hoboken, NJ 07030

(201) 320-1030

lasiegel@gmail.com

Hoboken Multi-Service Center Playgro	up Waiver	Form 20010-20	11	
I and				
(print parent name)	(print ca	regiver name)		
hereby waive and release the City of H	loboken an	d the Hoboken	Family Alliance and t	heir
employees from blame due to any illne	ess or injury	which may occ	cur when my child/chi	ldren
participate in the playgroup held on Fri	days from	10:30 to 3 at the	Multi Service Cente	r
Gymnasium at 124 Grand St., Hoboke	n, NJ.			
I also agree to hold the City of Hoboke	n and the H	loboken Family	Alliance and their en	nployees
harmless from liability if my child(ren) i	s injured or	becomes ill wh	ile attending the play	group.
I understand that I must be present at	all times to	supervise my c	hild(ren) and that I ar	n
responsible for their safety at all times.				
(Signature of parent)	(Date)	-		
Name of child(ren)			-	
Address			-	
(Signature of caregiver)	(Date)	-		