

Parental Release Form & Emergency Contacts

Please complete this form, sign it, and return to:

City Sail
New City Kids
240 Fairmount Ave.
Jersey City, NJ 07306

Name of Teen:

Name of Parent/Guardian:

Emergency Contact Numbers:

Home:

Work:

Cell Phone:

I, _____, the parent or guardian of _____
(name of teenager), hereby give permission for this teenager to participate in City Sail.

I confirm that this teenager is voluntarily participating in a sailing program sponsored by New City Kids.

I understand that sailing is a sport that involves risk such as injury, loss or damage.

I understand that I and the teenager share the responsibility for safety, and we both agree to practice safe boating.

I agree to indemnify and hold harmless the New City Kids, Inc., City Sail, Sail Time, Mr. Paul Duggan, New City Church, their agents, officers, employees and volunteers from all claims of injury to person or property arising from my participation in sailing through the City Sail program.

Signature of Parent/Guardian: _____

Date: _____