



OCEAN GATE BOROUGH POLICE DEPARTMENT

Kickball with the Cops!

The Following information is requested of all participants in the Ocean Gate Police Department "Kickball with the cops" program. Any false or incomplete information may exclude the participant from participating in the activity.

Child's name: _____ Gender: M/F

Home Address: _____

Home Phone: _____ Age: _____ Date of birth: _____

Parent / Guardian name: _____

Parent contact number: (H) _____ (C) _____ (W) _____

Email: _____

Emergency Contact Info. Name: _____

Relationship: _____

Contact number: (H) _____ (W) _____ (C) _____

Does your child have any existing medical conditions that may affect them during participation in the activities? YES _____ NO _____ If "YES", Please list and explain

I have read the attached documents pertaining to the Academy overview and expectations for my child to participate. I have discussed these with my child and he / she agrees to abide by the regulations and expectations at all times during the activities.

Applicant Signature

Parent / Guardian Signature



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Juvenile Media Consent and Release Form

Throughout the activities, juveniles may be highlighted in efforts to promote activities in town. For example, Juveniles may be featured in materials to promote our program through social media, and other types of media.

I, as the parent or guardian of _____, hereby give Ocean Gate Police Department and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a) This is with the understanding that neither Ocean Gate Police Department nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b) I further release and relieve Ocean Gate Police Department, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please Print

Name of child _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____

Phone Number _____