



BlueWaveNJ Public Interest Foundation's Summer Program Application/Waiver Form

Child's Name (Applicant) : _____

Age: _____

Grade: _____

Home Address: _____

Home Phone: _____

Parent/Guardian Info

Name: _____ Mobile: _____

Relation to applicant: _____ Office: _____

E-mail: _____

Emergency Contact Info

Name: _____ Phone: _____

Relation to applicant: _____ Alt. Phone: _____

E-mail: _____

Disclaimer: Our activities may include swimming (with a lifeguard present), walking trips through Montclair, Arts and Crafts projects and other related activities.

I, _____, give permission for my child to participate in BlueWaveNJ Public Interest Foundation's Summer Youth Empowerment Program and all activities therein.

Signature of Parent/Guardian: _____

Date: _____