

Lake Walkkill Community, Inc.  
5 Lakeside Drive, Sussex, NJ 07461

**ACTIVITY AND ATHLETIC PARENT PERMISSION SLIP**

The Lake's General Liability insurance carrier requires that a Permission Slip be kept on file at the lake office, signed by the child's parent(s) or guardian(s), prior to the child's participation in lake sponsored events and activities.

Please complete this permission slip and return it to the Activity Director.

CHILDREN WILL NOT BE PERMITTED TO PARTICIPATE IN ANY ACTIVITY WITHOUT A FILED PERMISSION SLIP.

**NOTE: FOR CHILD PARTICIPATION - ALL DUES MUST BE CURRENT**

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**PARENT PERMISSION SLIP**

This permission slip is designed such that all of your children may be listed below.  
Please print all information. Thank you.

_____	_____	<input type="checkbox"/> Aquacade <input type="checkbox"/> Sports Club <input type="checkbox"/> Swim Team <input type="checkbox"/> Jokers <input type="checkbox"/> Jazzbelles <input type="checkbox"/> Teen Canteen <input type="checkbox"/> BroadwayBabies
Name	Age	
_____	_____	<input type="checkbox"/> Aquacade <input type="checkbox"/> Sports Club <input type="checkbox"/> Swim Team <input type="checkbox"/> Jokers <input type="checkbox"/> Jazzbelles <input type="checkbox"/> Teen Canteen <input type="checkbox"/> BroadwayBabies
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Name	Age	

Home Telephone Number: \_\_\_\_\_ Lake Telephone Number: \_\_\_\_\_

Work (or Cell) Telephone Number: Mother: \_\_\_\_\_

Work (or Cell) Telephone Number: Father: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please sign and date below. Thank You.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

LAKE ADDRESS: \_\_\_\_\_