



Franklin Township Youth Council Presents:



# Terrific Technology!

Internet Security  
Computer Games  
Cyberbullying Safety

## Open to grades 5-8!

Date: 01/04/2014
Time: 6 - 8 pm
Cost: \$5.00
Location: Community/Senior Center 505 DeMott Lane, Somerset, NJ

*"The essence of teaching is to make learning contagious, to have one idea SPARK another!"*

**PLEASE RETURN FORM TO FRANKLIN TWP. COMMUNITY CENTER BY 01/04/13. CHECKS PAYABLE TO FRANKLIN TOWNSHIP.**

Activity Number	Participant Name		AGE	SEX	BIRTH DATE	GRADE
	LAST	FIRST				
10111-TT						
10111-TT						

  

<b>PARENT OR GUARDIAN</b>	Last Name		First			
	Street			City		
	State	Zip	E-mail			
	Home			Cell		

**PARENT/GUARDIAN AUTHORIZATION**

My child will be picked up by (Mothers Name) \_\_\_\_\_ (Fathers Name) \_\_\_\_\_

(Other) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Are there any medical concerns/medication, allergies, emotional or learning problems that we should be aware of?  Yes  No. Please explain:

I hereby authorize the Franklin Township Department of Parks & Recreation to act for me according to their best judgment in any emergency requiring medical attention. I have read and agree to abide by the policies & procedures listed heron.

I understand that my child is participating in a publicly run program and that photographs taken at the program may be used for display and publicity purposes by the Township.

Please check the appropriate box :  Yes, I will  No, I will not allow my child's picture to be used for display and publicity purposes by the Township of Franklin.

I the undersigned, hereby agree to allow the individual(s) named hereon to participate in the Township of Franklin, Recreation Division activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Recreational activities. My signature acknowledges that I understand and agree to the above conditions.

Signature \_\_\_\_\_ Name Printed \_\_\_\_\_ Date \_\_\_\_\_ Select One:  Parent  Guardian