

Date \_\_\_\_\_

My child \_\_\_\_\_ has permission to use the Fitness Center at the Washington Township Recreation Center. I understand that all rules and policies pertaining to this area, as well as, the Recreation Center facility must be followed at all times by my child. Failure to follow rules or abuse of equipment and/or staff will not be tolerated. This type of behavior is grounds for dismissal from the Fitness Center and/or the facility. I further understand that a parent or adult (18 and older) must accompany my child in the Fitness Center each time he/she uses this area.

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Parent Signature

Phone#

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Address

Zip

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Child's Age and Birthdate