



Art Program

PAL Programs
PO Box 713
115 Kent Road Howell NJ 07731
Phone: 732-919-2825
Fax: 732-919-1212



We will make summer and beach themed crafts using some unique materials for example noodles, plaster wrap and sea glass. Wear a smock or an old shirt!!

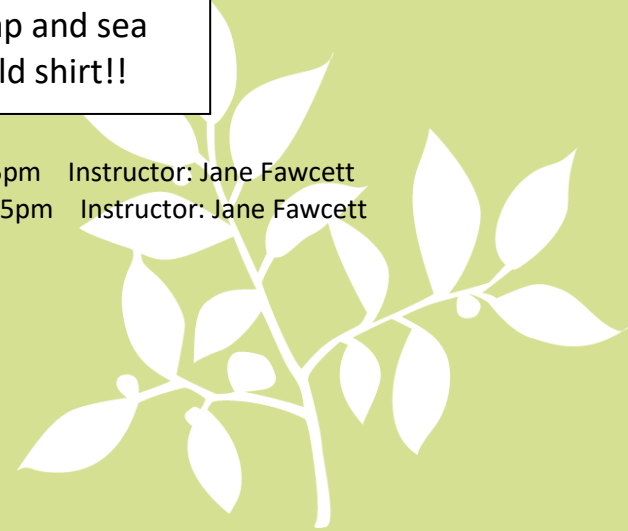
When:

- Grades K-2 Wednesday July 11, 18, 25 August 1, 8 & 15 5:30-6:45pm Instructor: Jane Fawcett
- Grades 3-5 Wednesday July 11, 18, 25 August 1, 8 & 15 7:00-8:15pm Instructor: Jane Fawcett

Where:

- Grades K-2 Southard School 115 Kent Road Howell, NJ
- Grades 3-5 Southard School 115 Kent Road Howell, NJ

Fee: \$65 for 6 week program



Participant Name: _____

Address: _____

Zip Code: _____ **DOB:** _____

Phone # _____ **Cell #:** _____

Please Circle Program Registering For: (If not enough people sign up the two programs will be combined into one class starting at 5:30pm)

- Grades K-2 Grades 3-5

Email Address (mandatory):

Current Medication:

Medical Conditions:

Emergency Contact: _____

Relation: _____

Phone #: _____ **Cell #:** _____

Make checks payable to Howell PAL

Programs are run based off enrollment

Depending upon numbers classes might be combined

To receive up to date text messages about cancellations please text: 81010 with the message @palart

**HOWELL POLICE ATHLETIC LEAGUE PARTICIPANT
WAIVER**

NOTE: This form must be read and signed before the member is allowed to take part in a PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver, understand the terms set forth herein and knowingly and voluntarily agree to the terms of this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone #: _____

DOB: _____

In consideration of my involvement in the program under the auspices of the Howell PAL (and/or its officers, volunteers, staff, sponsors, agents, members and/or activity participants) I hereby agree that:

I acknowledge that by participating in the event put on by the PAL by its very nature:

1. **I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT OR DEATH.** While the particular rules of the sport, equipment, personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.

2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.

3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest Howell PAL Staff/Chaperone.

4. For myself, and on behalf of my heirs, those assigned as a personal representative and my next of kin, I hereby: Release, Indemnify and hold harmless and agree not to sue, file a claim for relief or otherwise take legal action against the Howell PAL, their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian Releases from liability of any of the aforementioned from any liability from any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct. This indemnification shall include the payment of the Howell PAL's reasonable attorney's fees in defense of any claim filed by you.

5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read this Howell Police Athletic League Participation Waiver and fully understand its terms. By signing this Waiver I acknowledge that I have done so both freely and voluntarily.

This signature is to certify that I, as a adult participant or the parent/guardian with legal responsibility for this participant who is a minor, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and indemnify the Howell PAL from all liability, incidents to my /our child's involvement as stated above.

X _____

Parent/Guardian Signature

X _____

Date Signed

All refunds are governed by the Howell Township Refund Guidelines & Procedures

(PAL Office Use Only)

CHECK_____ CASH_____

AMT _____ RECEIVED BY _____