



Kelly A. Yaede  
MAYOR

**TOWNSHIP OF HAMILTON**  
**BROMLEY CIVIC CENTER**  
**DROP IN TUTORING APPLICATION**



PARTICIPANTS NAME:

\_\_\_\_\_ (LAST) (FIRST) (MI)

GENDER: MALE FEMALE (CIRCLE) DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE #: HOME \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE #: WORK \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PAGER/CELL PH. #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE #: HOME \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE #: WORK \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PAGER/CELL PH. #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(other than parent)

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

How will child get to the Center? \_\_\_\_\_ How will child get home from the Center? \_\_\_\_\_

**Special information we should know about your child:**

\_\_\_\_\_

**RELEASE**

**PARTICIPANT/PARENT READ & SIGN:**

I, the participant or parent/guardian of the above named child, by applying for Drop In Tutoring, hereby give my approval to participate. I assume all risks and hazards incidental to such participation. In case of emergency, I authorize the Hamilton Township personnel / trained volunteers to administer first aid treatment, to transport me/my child to the nearest emergency facility for treatment in case of emergency, and to try to notify me/my contact person and the CYO of Mercer County/Diocese of Trenton.

IN THE EVENT OF INJURY DUE TO INCIDENTS BEYOND THEIR CONTROL, I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE TOWNSHIP OF HAMILTON, ITS SUPERVISORS, EMPLOYEES, AND ALL PROGRAM VOLUNTEERS, AS WELL AS OTHER PERSONS CONNECTED WITH HAMILTON TOWNSHIP, FROM ALL LIABILITY AND ALL CLAIMS RELATING TO PERSONAL INJURY OR PROPERTY DAMAGE THAT I OR MY CHILD MAY SUSTAIN BY REASON OF MY/OUR PARTICIPATION IN, EQUIPMENT OR FACILITIES THEREIN.

The CYO of Mercer County/Hamilton Township Bromley Neighborhood Civic Center assume no responsibility for transportation of children to/from the "Center". Our only responsibility for supervision is while the child is in the "Center".

In addition, I fully understand and will abide by all rules and regulations as outlined on the reverse side of this form.

I/WE HAVE REVIEWED AND AGREE TO ABIDE BY THE BROMLEY NEIGHBORHOOD CIVIC CENTER RULES AS OUTLINED ON BACK.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(PLEASE READ THE REVERSE SIDE OF THIS APPLICATION, THEN SIGN ABOVE)

## **RULES & REGULATIONS FOR DROP IN TUTORING**

- 1. Both student and his/her parent/guardian must sign Application Form.**
- 2. Proof of age and Hamilton Township residency are required for admission and participation.**
- 3. All participants must sign in and out of the Center.**
- 4. The Drop In Tutoring hours of operation are as follows:**  

**Monday-Thursday: 3:45-5:45pm**  
**First Friday of each month: 3:45-5:45pm**
- 5. Use of drugs, alcohol, profanity, abusive language, smoking and/or vandalism is strictly prohibited and shall result in automatic and permanent expulsion from the Center and subject to all other penalties provided to the fullest extent of the law.**
- 6. All participants must take care of the Center and the materials they use.**
- 7. Participants are required to respect all facility staff members and follow their directions.**
- 8. Negative behaviors including all forms of bullying and harassment such as name-calling, shunning, ridiculing, threatening words, mimicking, physically hurting, intimidating gestures or expressions, and unwanted or inappropriate sexual contact, language or actions will result in automatic suspension and possible permanent expulsion from the Center. Criminal charges may be filed in some cases.**
- 9. All participants should have fun and enjoy the Center.**

**I/WE HAVE REVIEWED AND AGREE TO ABIDE BY THE TUTORING CENTER RULES AS OUTLINED. (PLEASE SIGN THE REVERSE SIDE OF THIS APPLICATION.)**