

TEEN ADVISORY PANEL PERMISSION FORM

THE TEEN ADVISORY PANEL IS CONSISTS OF STUDENTS IN GRADES 7th, 8th, 9th, 10th, 11th and 12th FROM SCHOOLS IN THE AREA. THE PURPOSE OF THIS PANEL IS TO SUGGEST AND DISCUSS VARIOUS ACTIVITIES, SPECIAL EVENTS AND/OR BUS TRIPS THAT THE TEENS COULD PARTICIPATE IN AS WELL AS OPPORTUNITIES TO VOLUNTEER FOR VARIOUS EVENTS. THE PANEL MEETS ONCE A MONTH DURING THE SCHOOL YEAR AT THE FALLS TOWNSHIP MUNICIPAL COMPLEX PUBLIC MEETING ROOM, 188 LINCOLN HIGHWAY, FAIRLESS HILLS ON THE FIRST MONDAY OF THE MONTH AT 5:30 PM. THE DIRECTOR OF PARKS AND RECREATION ATTENDS THESE MEETINGS. EACH MEETING LASTS ABOUT 45 MINUTES.

Name of Student _____ Age _____

Address _____

Home Phone _____

Person to contact in case of emergency _____ Phone _____

I, the undersigned, give permission for my son or daughter _____
To participate in the Teen Advisory Panel. I hereby release, absolve, indemnify and hold harmless Falls Township Officials, Falls Township Parks and Recreation Department, the Director of Parks and Recreation, his staff, leaders, Park and Recreation Board and anyone appointed by them from all liability from any injury or damage sustained or caused as a result of participating in these monthly meetings and/or the participation of any activity created through this Teen Advisory Panel. Also I do not know of any reason that my son or daughter _____ would not be able to participate in any vigorous activity created by through this Teen Advisory Panel which is under the supervision of the Falls Township Parks & Recreation Department.

Signature of Parent or Legal Guardian of Student Listed Above Date _____