



**TOWN OF MARBLETOWN
YOUTH AND RECREATION COMMISSION**

P. O. BOX 217
STONE RIDGE, NY 12484 (845) 687-0800

**RENT-A-KID
REGISTRATION FORM**

Date _____

Name _____

Address (physical) _____

(mailing) _____

Phone _____

Birth Date _____

Person to call in case of emergency _____

Phone _____

Days and hours available _____

Jobs preferred _____



**TOWN OF MARBLETOWN
YOUTH AND RECREATION COMMISSION**
P. O. BOX 217
STONE RIDGE, NY 12484 (845) 687-0800

Parental Permission

As parent and guardian of _____

I do hereby recognize that the Rent-a Kid program is not an employer, principal or master, but merely a referral service.

I further recognize that the Marbletown Youth Commission is to receive no fee, compensation or any other benefit from my son/daughter/ward or from any prospective employer for performing employment referral services.

In consideration of Rent-a-Kids accepting my son/daughter/ward for referral to various employment positions, I hereby agree to waive and release the Marbletown Youth Commission from any liability of any nature whatsoever resulting from my son's daughter's or ward's employment in a position or job secured by or through a referral from the Rent-a Kid program.

Signature of Parent or Guardian

Date _____