

ROSELAND RECREATION DEPARTMENT
WITH KIND DONATIONS FROM PAMPERED CHILD NURSERY SCHOOL, REGAL BANK AND JIMMY JOHNS
973/403-6822

Mayor John Duthie

Seventh Annual Halloween Trunk or Treat

Who: Roseland resident children in Preschool through 4th grade (accompanied by an adult).

What: Join other families while children "trick or treat" from the "trunks" of various cars in our parking lot area.

This is a great way to trick or treat with resident friends who do not live in your neighborhood.

Children are encouraged to wear their costumes and bring "trick or treat" bags for their goodies.

Date: Saturday, October 31, 2015, Rain date Sunday, November 1st

Time: 11:00 a.m. - 12:30 p.m. **Fee:** No Charge

Place: Lester C. Noecker School - 100 Passaic Ave., Roseland, NJ 07068

Contests: Best Decorated Trunk and Best Children's Costume **Prizes:** Provided by Regal Bank

Snacks: Provided by Pampered Child Nursery School and Jimmy John's

Please call 973/226-6552 prompt #3 by 10:00 a.m. for inclement weather cancellations.

RSVP: Fill out the form below and mail or walk into Roseland Rec., 140 Eagle Rock Avenue, Roseland, NJ 07068

Please call Roseland Recreation Department at 973/403-6850 with any questions. Each family should expect approximately 150 children for their candy supplies and trunk families are asked to decorate their vehicles. We encourage those families who can't bring a vehicle, to team up and "trunk-pool" with someone else. Only the vehicle owner is eligible to be a "best decorated winner". All children must be accompanied by an adult.



REGISTRATION DEADLINE: WEDNESDAY, OCTOBER 28, 2015

-----Detach Here-----

2015 Trunk or Treat

Child's Name _____ Child's Name _____

Parent's Name _____ Type of Car _____ License Plate No. _____

Address _____ / _____ / _____

Street

Town

Zip

Home Phone Number _____ Emergency Phone No. _____ Email _____

Does your child have any health condition(s) the Recreation Staff should know about? No _____ Yes _____

Explain: _____

The Recreation Department recommends the disclosure of relevant health information. Unless the Roseland Recreation Department is notified in writing, staff will be forwarded all information on the registration form, including health conditions.



Child Photo / Video / Release Form



I grant permission for the Borough of Roseland, Roseland, New Jersey to use photograph(s)/moving image(s) of my child participating in Borough programs and/or activities for promotional purposes. I understand that photographs or recordings may be utilized by the Borough at its discretion for materials including, but not limited to: newsletters, brochures, television, video tape and flyers. Photographs sent to the local newspaper may have names noted. There will be no valuable consideration paid as a result of this activity. Yes ____ No ____

PARTICIPANT WAIVER OF CLAIM FORM: As partial consideration for the Borough of Roseland providing _____ ("Participant") with the opportunity to participate in Soccer I, _____, as parent or guardian of Participant, on his or her behalf and on my own behalf and that of my spouse or partner, agree to hereby 1) acknowledge that there are foreseeable and unknown risks inherent in participation in the Program, 2) release, indemnify and hold harmless the Borough of Roseland, its officials, departments, employees, volunteers, contractors, insurers, including the NJIIF and the Borough of Roseland, its owners, employees, volunteers and subcontractors from and against all claims, losses, costs and damages arising from Participant participation in the Program, and 3) agree that for any loss or damage suffered by Participant will be turned over to parent / guardian's insurance company. I also represent that the Participant has been cleared by his/her physician to participate in the Program. If a medical emergency should arise and the parent / guardian cannot be reached immediately at the home phone # (_____), at the work phone # (_____), at the emergency phone # (_____) or via the cell phone # (_____), I, parent or guardian, hereby grant medical personnel to take whatever means he or she deems necessary to safeguard the welfare of the Participant.

Parent's/Guardian's Signature

Date