

**BOROUGH OF MORRIS PLAINS  
MUNICIPAL ALLIANCE  
MENTOR TRAINING ENROLLMENT FORM**

**Open to Morris Plains residents Grades 3 - 12  
Friday, September 12th, 3:15 – 5:30 pm, Borough School Cafeteria**

Student's Name \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parents' Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Grade \_\_\_\_\_

**Will parent be attending training with student?** \_\_\_\_ yes \_\_\_\_ no

*Pathways is a registered NJ Department of Education Professional Development Provider. Teachers and professionals earn professional development hours for taking Pathways' training classes.*

By completing this form, your email address is placed on a list with your permission to receive important class and mentoring information only. You will also be invited to our mentor website.

Class fee is covered by Morris Plains Municipal Alliance. You will be contacted by email to confirm your registration.

\*Please complete and attach medical release form found on Morris Plains website under town forms. [www.morrisplainsboro.org](http://www.morrisplainsboro.org)

**PHOTO RELEASE:**

We may take photos at events to recognize our participants and publicize our programs. Please tell us how we may use your child's photo and name by checking the appropriate boxes below and signing your name. You may notify Morris Plains Recreation in writing at anytime if you wish to make changes.

I give Morris Plains Recreation permission to print my child's

photo,  name in conjunction with photo

in:

Recreation, Town and School Newsletters

Mentor Website (password protected)

Newspapers

I hereby release any claims I may have for myself or my child (ward) against the Borough of Morris Plains, its employees and volunteers for any injury that may occur during this activity.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

