

# 2018 WARETOWN SUMMER RECREATION REGISTRATION FORM

Summer Camp Director: Mr. Brett Cunningham, Ocean Twp. School District Teacher  
**FOR CHILDREN ENTERING K-6<sup>th</sup> GRADES IN SEPT. 2018**

**2018 Camp will be held on Tuesday's, Wednesday's, and Thursday's ONLY!!!**

Individual days can be purchased at	\$10.00	_____
Week 1 July 3 & 5	\$20.00	_____
Week 2 July 10-12	\$30.00	_____
Week 3 July 17-19	\$30.00	_____
Week 4 July 24-26	\$30.00	_____
Week 5 July 31-Aug 2	\$30.00	_____
Week 6 Aug 7-9	\$30.00	_____



**WHEN SCHOOL IS OUT,  
CAMP IS IN!**

Early Drop off: 8:00are \$ 10.00 per week \_\_\_\_\_

Please list weeks: \_\_\_\_\_

**Total fee due** \_\_\_\_\_

**Make check payable to O.T. Rec. - Mail check to Township of Ocean c/o Summer Rec. 50 Railroad Ave Waretown NJ 08758**

**Special Event Wednesday's include:** Jenkinson's Aquarium Penguin Pointers – Touch Tank- Invertebrates Programs, Ice Cream / Pizza Parties; Water Day., Alpaca's and much more.

Camp Hours 9am – 12:00pm. The fee for the program is \$30 per week per child. (\$10/day)

A 20% reduction for second child (\$24.00. per week or \$8 / day), 25% reduction for each child thereafter (\$22.00 per week Or \$6/day)

**PLEASE \*\*ONE FULLY COMPLETED FORM PER CHILD \*\***

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Email address \_\_\_\_\_

Grade going into September 2018 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Please list emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_



**I need a reasonable modification because of disability to enjoy this program. Y N**

Twp of Ocean Recreation Dept. believes the benefits of recreation should be made available to all people, including people with disabilities. Our staff fully understands the Americans with Disabilities Act & we invite participation by people with disabilities. Your open communication with us helps us better serve your child. Every resident of the Twp of Ocean can enjoy the Benefits of Recreation in our programs & services. Call 548-6319 or email us at [recreation@twpoceannj.gov](mailto:recreation@twpoceannj.gov)

Pictures from our programs may appear on our web site and or channel 22

If you DO NOT wish to participate please sign here \_\_\_\_\_

**PARENT/GUARDIAN – READ & SIGN:** \_\_\_\_\_ has my permission to participate in all activities of the above registered program, including field trips. In case of an emergency, I authorize the program's assigned personnel to administer first aid treatment, transport the participant to nearest hospital if necessary, and notify me as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of any emergency due to accidents beyond their control, I hereby release Twp. of Ocean Recreation, its supervisors, employees, sponsors and program volunteers, from all liability.

**HOLD HARMLESS AGREEMENT**

The undersigned acknowledges that engaging in this activity is potentially hazardous and could possibly result in a serious bodily injury to the participant. The undersigned further acknowledges and agrees that the Township of Ocean, its officers, agents and employees do not undertake any responsibility, nor shall they be responsible for the personal safety of the participant, or the property of the participant at any time while going to, coming from, or engaging in the activity. The undersigned participant (and his parent or guardian undersigned, if the participant is a minor) for himself, herself, or the heirs, administrators, and executors do hereby agree, intending to be legally bound hereby, that the undersigned and anyone acting under them or through them, shall and by these presents do indemnify, hold harmless, defend and excuse the Township of Ocean, its officers, agents, volunteers, sponsors and employees from any and all claims which maybe suffered by participant or caused by the participant to any other person or entity during the course of the activity, or as a result of the activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PICK UP AUTHORIZATION FORMS

Please list below, people who are authorized to pick up your child from Camp. Our camp policy states that your child can only be released to persons you have written permission for below. Anyone picking up your child **MUST HAVE IDENTIFICATION, A DRIVERS LICENSE**, present with them at time of pick up or YOUR CHILD WILL NOT BE RELEASED TO THEM. If they do not have identification, you will be contacted.

**PLEASE PRINT CLEARLY AND LEGIBLY:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone#:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone#:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_