

2020 WARETOWN SUMMER RECREATION REGISTRATION FORM

LOCATION: Frederic A Priff Gym – Enter through the back doors - follow sidewalk

Summer Camp Director: Mr. Brent Cunningham, Ocean Twp. School District Teacher

FOR CHILDREN ENTERING K-6th GRADES IN SEPT. 2020

2020 Camp will be held on Tuesday's, Wednesday's, and Thursday's ONLY!!!

Individual days can be purchased at		\$10.00	_____
Week 1	July 1 & 2	\$20.00	_____
Week 2	July 7-9	\$30.00	_____
Week 3	July 14-16	\$30.00	_____
Week 4	July 21-23	\$30.00	_____
Week 5	July 28-30	\$30.00	_____
Week 6	Aug 4-6	\$30.00	_____

Grade _____
D-O-B _____
Payment _____
Check # _____
Cash _____
Do not write in this box!

Early Drop off: 8:00are \$ 10.00 per week Please list weeks: _____ **Total fee** _____

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

Special On site Event's include: Jenkinson' Aquarium's Penguin Pointers, Ocean County Parks & Recreation, Pizza Party, End of the year Water slide day 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) **DEPOSIT OF THE 1ST WEEK PAYMENT IS REQUIRED - THEN PAYMENT IS DUE WEEKLY**

PLEASE **ONE FULLY COMPLETED FORM PER CHILD **

Child's Name: _____

Parent/Guardian Name(s): _____

Complete Mailing Address: _____

Email address _____

Grade going into September 2020 _____ Birth Date: _____ Age _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

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 **(609)548-6319** or email us at recreation@twpoceanni.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

2020

The following people **are authorized** to pick up my child. I understand my child will ONLY be released to the people listed. **ID must be presented to prove identity.** If you need to add or delete people from this list it must be done in writing.

Students Name: _____

#1 Parent/Guardian _____

Address _____

Phone: _____ Relationship to child: _____

#2 Parent/Guardian _____

Address _____

Phone: _____ Relationship to child: _____

#3 Authorized Person _____

Address _____

Phone: _____ Relationship to child: _____

#4 Authorized Person _____

Address _____

Phone: _____ Relationship to child: _____

#5 Authorized Person _____

Address _____

Phone: _____ Relationship to child: _____

The following persons are **NOT** allowed to pick up my child: _____

*Appropriate custody paperwork must be attached

Signature of Parent/Guardian: _____ **Date** _____