

2010 SUMMER RECREATION REGISTRATION

2010 Summer Camp director Mrs. Martha Groh, P.E. teacher in the W.E.S.

OPEN TO CHILDREN ENTERING K-6th GRADES IN SEPT. 2010

This year the camp will be held Tuesday's – Thursday's – trips fees included.

SESSION 1 July 6 – July 15 \$60.00 _____

SESSION 2 July 27 – Aug 5 \$60.00 _____

SESSION 3 Aug. 10 – Aug. 19 \$60.00 _____

1-week sessions are available for \$ 30.00 _____ - week date _____

Early Drop off: 8:00am \$ 10.00 per week _____

List weeks below

Total Due \$ _____

Camp hours are 9am – 12:00pm. The fee for the program is \$60 per session per child. 20% reduction per fee for second child (total 48.00 per session). 25% reduction per fee for each child thereafter (total \$ 36.00 per).

T-shirt size (circle one) YS YM YL AS AM AL AXL

****ONE FULLY COMPLETED FORM PER CHILD ****

Child's Name: _____

Parent/Guardian Name(s): _____

Complete Mailing Address: _____

Email address _____

Grade going into September 2010 _____ Birth Date : _____ Age _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Child's Physician: _____ Phone Number: _____

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 693-5407 or email us at recreation@townshipofocean.org

List any concerns, challenges, allergies and/or restrictions related to above child: _____

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.

Parent/Guardian Signature _____ Date _____

Date _____	Check# _____	Amount _____
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Grade _____ D-O-B _____ <u>Do not write in this box!</u>
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