

MAYOR BERT STEINMANN PRESENTS...

EWING RECREATION

SUMMER & TEEN TRAVEL CAMPS 2016

CAMP DATES & HOURS

Monday, June 27 – Friday, September 2, 2016

MONDAY – FRIDAY 8:30 – 4:30

EARLY HOURS: 7:30 – 8:30 & LATE HOURS: 4:30 – 6:00PM (additional fees apply)

REGISTRATION

REGISTRATION DEADLINES: FEES MUST BE PAID IN FULL BY

JUNE 6th FOR WEEKS 1 – 5, June 27 – July 29

JULY 5th FOR WEEKS 6 – 8, August 1 - 19

AUGUST 8th FOR POST CAMP WEEKS – August 22 – September 2

***EARLY REGISTRATION WILL RECEIVE THE 5% DISCOUNT ON WHAT YOU
PAY ON OR BEFORE April 1, 2016***

***All Child Care Connection applications and Financial Aide applications must be
approved before registration deadlines above.***

***Those who register after the registration deadline of the above dates will be charged a one-
time \$25.00 late fee and will only be accepted if there is an opening in that camp.***

FIRST PAYMENT: Must be for a minimum of the cost for your child for one week.

DAY CAMP

Children entering grades K – 5th, price includes trips.

TRAVEL CAMPS

**Entering grades 6th-9th and returning 10th grade students,
6 week program starting July 5th. Price includes all trips.**

CHILD'S REGISTRATION INFORMATION

(Please print clearly)

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME EMAIL: _____ **BOY:** _____ **GIRL:** _____

PHONE: (HOME): _____ **(CELL):** _____

GRADE IN 9/2016: _____, **SCHOOL ATTENDING IN 9/2016** _____

MULTIPLE SIBLINGS DISCOUNT

The child I am registering (Camper's Name) _____ is my....

Oldest Child: ____ 2nd Oldest: ____ 3rd Oldest: ____ 4th Oldest: ____

WHAT SIZE SHIRT DOES YOUR CHILD WEAR? _____

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME _____ FATHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

PHONE: _____ PHONE: _____

WORK#: _____ WORK #: _____

CELL#: _____ CELL#: _____

EMAIL: _____ EMAIL: _____

EMERGENCY INFORMATION

PHYSICIAN NAME: _____ PHONE #: _____

In the event the parent(s) or guardian cannot be reached please contact:

NAME: _____ RELATIONSHIP: _____

HOME#: _____ WORK#: _____ CELL#: _____

NAME: _____ RELATIONSHIP: _____

HOME#: _____ WORK#: _____ CELL#: _____

PICK UP AUTHORIZATION for (Camper's Name)

The following person(s) are authorized, in addition to the Mother and Father or guardians listed above, to pick up my child from the Ewing Recreation Summer & Travel Camps.

Name	Phone #	Relationship to Camper
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Name	Phone #	Relationship to Camper
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Name	Phone #	Relationship to Camper
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Name	Phone #	Relationship to Camper
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ALLERGY INFORMATION

Please indicate if your child has any allergies or conditions and the treatment involved...
(i.e., food allergies, bee stings, heart condition, etc.)

REQUESTS/SPECIAL NEEDS

Please check if your child has an IEP or special needs and indicate the areas of need or concerns below.

(Documentation is required before your child participates in camp)

ACKNOWLEDGMENT OF RISK

Please read and complete for each registered camper

Ewing Recreation Day Camp, Teen Travel, C.I.T, Pre & Post Camps, Early & Late Hours, all activities including but not limited to swimming and field trips off-site.

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in any of the above-mentioned activities or programs presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death. While the possibility of serious injury to participants is unlikely, it is important that all participants and parents realize that these risks do exist.

PARENT/GUARDIAN AGREEMENT

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in any of the above-mentioned programs. He/she understands that he/she must obey all rules and regulations, follow all safety procedures, and obey any and all instructors and or counselors assigned to the program. My child and I understand the rules and the risks associated with this program, and my child and I agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in any of the Ewing Recreation Camps, and I agree that it is incumbent upon me to immediately inform the appropriate Ewing Camp Program Director and the Ewing Recreation Office should the minor's physical condition change at any time prior to or during his/her participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey, and if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Recreation Department permitting the named minor to participate in any of the Recreation Department summer camp programs previously mentioned, the undersigned, being the parent(s) or legal guardian of

(Please print camper's name) _____

hereby waive and relinquish all claims I may have as a result of said minor participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department, and Ewing Township Mayor and Council, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property, which may accrue to us on account of the minor's participation in said program. We further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its officers, agents, servants, and employees from any and all such claims.

I hereby certify that all information written on this form is true. I understand that falsification of information will result in being removed from the program and forfeiting all money paid for the program to the Ewing Recreation Department. There are no refunds once child has participated in program, without a doctor's note. The Recreation Department reserves the right to make exceptions when appropriate.

Parent or Legal Guardian (PRINT NAME) _____

SIGNATURE _____ DATE _____