

### Summer Recreation Program Registration

Please complete one registration form per family and return it to the Delaware Township Municipal Building with applicable fee by **June 26th, 2017**. A form must be completed for your child to attend. **Late registration will be accepted, but will face a \$20.00 late fee for one child, \$30 per family.** All children who are age 5 by July 10, 2017 through grade 8 may attend the Summer Recreation Program. Please email [deltwprec@gmail.com](mailto:deltwprec@gmail.com) with any questions.

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Week(s) attending: July 10-14 \_\_\_\_\_ July 17-21 \_\_\_\_\_ July 24-28 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Week(s) attending: July 10-14 \_\_\_\_\_ July 17-21 \_\_\_\_\_ July 24-28 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Week(s) attending: July 10-14 \_\_\_\_\_ July 17-21 \_\_\_\_\_ July 24-28 \_\_\_\_\_

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

Home Phone # : \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*It is very important that someone be available to pick up your child every day, in case of an emergency situation.**

I give permission for the following adult(s) to pick my child up from camp at 12 pm:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fees are **per week** as follows: One child \$35, Two children \$65, Three or more children \$90  
 Fee Week 1, July 10-14: \$\_\_\_\_\_ Fee Week 2, July 17-21: \$\_\_\_\_\_ Fee Week 3, July 24-28: \$\_\_\_\_\_ Total: \$\_\_\_\_\_

\*\* If the program fee presents a problem for you, please contact Jodi McKinney at 609-397-3240

If you plan to volunteer, please check here \_\_\_\_\_ Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please indicate the day(s) you will be able to help. You will be called before the days you have selected if you are needed to volunteer. Thank you for your help!

Week of July 10, 2017: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week of July 17, 2017: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week of July 24, 2017: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

I HEREBY AGREE TO HOLD THE DELAWARE TOWNSHIP RECREATION COMMISSION AND ITS EMPLOYEES, DELAWARE TOWNSHIP, AND DELAWARE TOWNSHIP SCHOOL HARMLESS FROM ANY INJURY SUSTAINED BY MY CHILD DURING THE PROGRAM. EMERGENCY MEDICAL AID MAY BE ADMINISTERED UNTIL I ARRIVE.

\_\_\_\_\_  
 Print Name of Parent/Guardian

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

\_\_\_\_\_  
 Date

### Delaware Township 2017 Summer Recreation Program

Emergency Medical Treatment Authorization: I request that my child participate in the above-named program. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the Summer Recreation Program to act on my behalf and approve appropriate treatment.

During the program, I may be reached at (\_\_\_\_) \_\_\_\_\_

Additional emergency contact: Name \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of parent/guardian:** \_\_\_\_\_

My child(ren) and I have talked about her/his (their) responsibility to follow all rules and safety regulations of the Summer Recreation Program:

\_\_\_\_\_  
Signature of 1<sup>st</sup> Child

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of 2nd Child

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of 3rd Child

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of 4th Child

\_\_\_\_\_  
Signature of Parent

**TOWNSHIP OF DELAWARE**  
**Summer Recreation Program Waiver, Legal Acknowledgement & Disclaimer**

I recognize that there are certain risks of physical injury inherent in my child's participation in this program, and in order to minimize these risks I agree that my child shall obey all rules and regulations, follow all safety procedures, and obey any and all instructors, assistant instructors and staff members assigned to this program. I understand that if my child does not comply with these requirements, the Township of Delaware and the Delaware Township Recreation Commission shall have the right to cancel my child's enrollment in the program and, should that occur, no program fee refund shall be provided.

I certify that my child is in proper physical condition for safe participation in this program, and agree that it is my obligation to immediately inform a program instructor, assistant instructor or staff members should my child's condition change at any time during his/her participation in this program.

On behalf of myself and my child, I hereby release the Township of Delaware and the Delaware Township Recreation Commission, and their officers, agents, volunteers and employees from any liability or contribution to such liability while my child engaging in this program. This waiver includes any claims, whether caused by negligence, action, inaction or intentional conduct of any of the above parties. Because the Township of Delaware and the Delaware Township Recreation Commission are public entities and their staff are public employees, I acknowledge and agree that my child's ability to recover damages from the Township of Delaware and the Delaware Township Recreation Commission, as well as their officers, agents, volunteers and employees as a result of injury, death or other loss my child may suffer due to his/her participation in this program is limited by the provisions of the Tort Claims Act (N.J.S.A. 59:1-1, et seq.).

By signing below, I acknowledge that I understand my and my children's responsibilities as set forth above.

X \_\_\_\_\_

Date: \_\_\_\_\_

**CHILD'S HEALTH INFORMATION**

Only complete if your child has an allergy or asthma. Complete one form per camper.

Please supply any specific medical information. This Summer Recreation Program staff and volunteers **cannot administer any medications.**

The information provided will assist our staff in providing the best care for your child.

Fill in those that apply to your child.

\_\_\_\_\_ has an allergy to this food: \_\_\_\_\_  
Camper's First and Last Name

Does this cause anaphylaxis?  Yes  No

Describe what happens if they eat this food and how the reaction is managed:

\_\_\_\_\_

\_\_\_\_\_ is allergic to insect bites: \_\_\_\_\_  
Camper's First and Last Name

Does this cause anaphylaxis?  Yes  No

Describe what happens if they are stung and how the reaction is managed:

\_\_\_\_\_

\_\_\_\_\_ is allergic to this medication(s): \_\_\_\_\_  
Camper's First and Last Name

\_\_\_\_\_ has asthma and the asthma action plan is: \_\_\_\_\_  
Camper's First and Last Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_