

Delaware Township 2024 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 7, 2024. 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, \$30.00 late fee for multiple children. All children who are age 5 by July 4, 2024 through grade 8 may attend the Summer Recreation Program. Please email Jenna Vecchione, jvecchione818@gmail.com, with any questions.

Summer Recreation hours are from 10:00 AM-1:00 PM.

Child 1: _____ Entering Grade _____ Age _____
Week(s) attending: July 8-12 _____ July 15-20 _____ July 22-26 _____

Child 2: _____ Entering Grade _____ Age _____
Week(s) attending: July 8-12 _____ July 15-20 _____ July 22-26 _____

Child 3: _____ Entering Grade _____ Age _____
Week(s) attending: July 8-12 _____ July 15-20 _____ July 22-26 _____

Child 4: _____ Entering Grade _____ Age _____
Week(s) attending: July 8-12 _____ July 15-20 _____ July 22-26 _____

Address: _____

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 up my child from camp at 1PM.

Name _____ Phone # _____

Name _____ Phone # _____

Fees are per week as follows:

One Child \$60, Two Children \$110, and Three or more Children \$150

Fee Week 1 July 8-12 \$ _____ Fee Week 2 July 15-20 \$ _____ Fee Week 3 July 22-26 \$ _____

Total: \$ _____

** If the program fee presents a hardship for you, please contact Jenna Vecchione- jvecchione818@gmail.com

PLEASE MAKE ALL CHECKS PAYABLE TO: TOWNSHIP OF DELAWARE

Registration forms are to be returned to:

Delaware Township Municipal Building PO Box 500 Sergeantsville, NJ 08557 Attn: Jenna Vecchione

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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

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 this phone number _____

Additional Emergency Contact:

Name _____ Phone _____

Date _____ Signature of parent/guardian _____
Print Name 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 Child 1

Signature of Parent/Guardian

Signature of Child 2

Signature of Parent/Guardian

Signature of Child 3

Signature of Parent/Guardian

Signature of Child 4

Signature of Parent/Guardian

Drop off and pick up will be at the **Middle School** entrance. Grades K-5 will need to be signed in and out each day. Please send your child with a refillable water bottle and a **peanut/tree nut free** snack/lunch. Everyone needs to come wearing sunscreen and sneakers. Cell phone use is not permitted.

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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 is 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 child(ren)'s responsibilities as set forth above.

Print Name of Parent/Guardian	Parent/Guardian Signature	Date

CHILDREN WITH SPECIAL NEEDS OR REQUIRING ASSISTANCE

If your child requires special assistance or has a developmental or physical disability, please provide details below. The Delaware Township Recreation Commission encourages participation of all children in its programs and acknowledges that some participants may require an accommodation under the Americans with Disabilities Act. In such instances, the Township will work with parents and caregivers to reach a reasonable accommodation as defined by the ADA. The township will review your child's information and/or requests for accommodations in a timely manner to determine how best to proceed and may require the parent(s) to assist.

Child's Name _____

Accommodation and/or assistance required:

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CHILD'S HEALTH INFORMATION (Separate form required for each child)

Please be specific when responding to these questions. The Summer Recreation Program staff and volunteers **cannot administer any medications.**

Child's Name _____

Child's Doctor _____ Address _____ Phone _____

Does your child have allergies to food? Yes/No

Does this cause anaphylaxis? Yes/No

If yes, please explain what happens when they eat this food and how it is managed: _____

Does your child have allergies to insect bites? Yes/No

Does this cause anaphylaxis? Yes/No

If yes, please explain what happens when they get an insect bite and how it is managed: _____

Does your child take any medication(s)? If yes, please list: _____

Does your child have asthma? If yes, please describe the action plan: _____

Does your child need assistance going to the bathroom? Yes/No

Describe any medical conditions that would preclude your child from participating in certain activities: _____

IF THERE IS A CHANGE IN THE ABOVE INFORMATION, I WILL NOTIFY THE RECREATION COMMISSION PROMPTLY IN WRITING.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____