

2015 WARETOWN SUMMER RECREATION REGISTRATION FORM

Summer Camp Director: Mrs. Martha Groh, P.E. teacher in the Waretown Elem. School
FOR CHILDREN ENTERING K-6th GRADES IN SEPT. 2015

2015 Camp will be held on Tuesday's, Wednesday's, and Thursday's ONLY!!!

Individual days can be purchased at		\$10.00	_____
Week 1	July 7 – 9	\$30.00	_____
Week 2	July 14- 16	\$30.00	_____
Week 3	July 21 – 23	\$30.00	_____
Week 4	July 28 – 30	\$30.00	_____
Week 5	Aug. 4 – 6	\$30.00	_____
Week 6	Aug 11-13	\$30.00	_____

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

Total fee due _____

Make check payable to O.T. Rec. - Mail check to Township of Ocean c/o Summer Rec. 50 Railroad Ave Waretown NJ 08758
Special Guests include: Bob Kelly, Philadelphia Flyers; Jenkinson's Aquarium Penguin Pointers & Reptile Program; Insectropolis; Ocean County Parks Dept.; Ice Cream / Pizza Parties; Water Day and much more.

Camp Hours 9am – 12:00pm. The fee for the program is \$30 per week per child.
A 20% reduction for second child (\$24.00. per week), 25% reduction for each child thereafter (\$22.00 per).

PLEASE **ONE FULLY COMPLETED FORM PER CHILD **

Child's Name: _____

Parent/Guardian Name(s): _____

Complete Mailing Address: _____

Email address _____

Grade going into September 2015 _____ 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 **693-5407** or email us at recreation@twpoceannj.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.

Parent/Guardian Signature

Date

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