

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 2, 2023**. 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 4, 2023 through grade 8 may attend the Summer Recreation Program. Please email fosterlovegive@gmail.com with any questions. **Summer Rec hours are 10:00AM-1:00PM**

Child's Name: _____ Entering Grade: _____ Age: _____
Week(s) attending: July 5-7 _____ July 10-14 _____ July 17-21 _____

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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 my child up from camp at **1PM**:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Fees are **per week** as follows:

Week One: One child \$40, Two children \$75, Three or more children \$100

Weeks Two & Three: One child \$55, Two children \$100, Three or more children \$130

Fee Week 1 July 5-7 \$ _____ Fee Week 2 July 10-14 \$ _____ Fee Week 3 July 17-21 \$ _____

Total: \$ _____

**** If the program fee presents a hardship for you, please contact Maegan Harrington - fosterlovegive@gmail.com**

PLEASE MAKE CHECKS OUT TO: DELAWARE TOWNSHIP RECREATION COMMISSION

Registration forms are to be returned to the Delaware Township Municipal Building, P.O. Box 500, Sergeantsville, NJ 08557
Att: Maegan Harrington

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 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: _____

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 1st 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: _____

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:

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 eat this food 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 _____

Drop off and pick up will be at the Middle School entrance. Grades K-5 will need to be signed in and out at their classrooms. 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. Please email Maegan Harrington with any questions fosterlovegive@gmail.com