



Summer Camp Recreation Registration Form

**\$180.00 per child \$60.00 for each additional child in the same household (non-refundable).
If living in same household, proof of residency must be provided. Address for each child must be the same.**

Checks can be made payable to: CITY OF ASBURY PARK.

6/27/22-8/5/22. Dates are subject to change

(Please Print neatly)

Name of Child: _____

Address: _____ City: _____ Zip: _____

Age: _____ Gender: M _____ F _____ School _____ Grade as of 6/1/22: _____

➤ Will your child be attending summer school? Yes _____ No _____

I give permission for my child to participate in the summer recreation program & attend field trips related to this program during the summer of 2022. I also give permission or my child to be photographed for newspaper, website and facebook articles or tv segments which will promote our program. I understand that the summer recreation program is from 12noon-4:30pm & I will make arrangements for my child to be picked up from summer camp promptly. **I also understand that the registration fee is non refundable.** I understand & appreciate that as part of my child's participation in this camp there are dangers and hazards to which my child may be exposed to, including physical injury. I recognize that certain risks exist by participating in this program and have elected to allow my child to take part in the camp recognizing such risks. I, therefore, hold the City of Asbury Park, its agents and employees and the Board of Education, its agents and employees harmless if injury or death should occur to my child while participating in this program. In signing this form, I authorize AP Recreation to act for & obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary on my child's behalf. I also understand that AP Recreation is not responsible for personal belongings which are lost, stolen or damaged.

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the summer camp staff, volunteers or others, and assume full responsibility for my child's participation;

I have reviewed and will adhere to all of Governor Murphy's Executive Orders, The Centers for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for Covid-19 in all respects while participating in the City's summer program; and,

➔ turn over

This release shall constitute a release for all claims, including those that I am unaware of, whether the result of negligence or for any other cause.

I am bound by this release and anyone who succeeds my rights and responsibilities, such as heirs or executors, are also bound. This release is made for the benefit of myself and responsibilities under the release.

I fully understand and agree with the terms of this release. I am making this release of my own free will and choice and represent that this is a voluntary act on my part.

Signature of Parent: _____ Print name: _____ Date: _____

Email: _____ Cell Phone: _____

Daytime Phone: _____ Evening Phone: _____

- Will you be using the payment plan? ___yes ___no (If so, please fill out payment plan form) \$60 deposit per child required. No refunds will given! Payment plan available until 6/1.
- Must be paid in full by June 25th at 12 noon(1 Municipal Plaza AP NJ 07712)

Emergency Contact (other than guardian):

Name: _____ Address: _____ City _____

Contact number: _____ Relation (if any) _____

To help us provide us provide the best care possible, please answer the following:

Does your child have/use:	<u>YES</u>	<u>NO</u>
Individualized Education Program (IEP)	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>
➤ If yes, list: _____ Reason taken: _____		
By law, prescription medications cannot be administered by summer camp staff		
Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
➤ If yes, list: _____		
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>
➤ If yes, list: _____		
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>

Please list any health issues, medical conditions, limitations or special dietary needs or anything else that may affect participation in certain camp activities: