

**EAST WINDSOR PARK & RECREATION
2009 SUMMER FUN CAMP REGISTRATION FORM
(AGES 6 - 12)**

CAMPER'S NAME: _____ SEX: _____ AGE: _____ DOB: ___/___/___
 ADDRESS: _____ PHONE: _____
 SCHOOL: _____ GRADE in Fall 2009: _____

FATHER'S NAME: _____ HOME PHONE: _____
 WORK PHONE: _____ CELL PHONE: _____

MOTHER'S NAME: _____ HOME PHONE: _____
 WORK PHONE: _____ CELL PHONE: _____

IN CASE OF EMERGENCY (other than parent/guardian):

Contact Name _____ Telephone Number _____

Contact Name _____ Telephone Number _____

CAMP SHIRT MUST BE PURCHASED AS WE USE THEM TO IDENTIFY OUR CAMPERS ON FIELD TRIPS.

Camp shirts can be purchased for an additional fee of \$8.00. One shirt per camper.

SHIRT SIZE: (Please circle one): (Youth-Med) (Youth-Lrg) (Adult-Sm) (Adult-Med) (Adult-Lg)

PLEASE CHECK SESSIONS DESIRED:

NOTE: Session Time Period/Price:

Regular Hours: 9:00 a.m. to 3:00 p.m. - \$70/week Residents, and \$80/week Non-Resident

Extended Hours: 7:30 a.m. to 4:30 p.m. - \$80/week Residents, and \$90/week Non-Resident.

Price of each session can be reduced by \$5 per week per each additional child enrolled.

****Registration will close 2 weeks prior to each session****

Upon registration, a non-refundable \$10 per child/per week deposit is required.

Camp Field Trips, priced between \$6-10 per child/per trip, are charged in addition to session price.

ALL CAMPERS ARE REQUIRED TO ATTEND FIELD TRIPS, OR MUST NOT ATTEND CAMP ON THE DAY OF THE TRIP.

Regular Hours:

Extended Hours:

___ Week 1: July 6-9 9:00-3:00
 ___ Week 2: July 13-16 9:00-3:00
 ___ Week 3: July 20-23 9:00-3:00
 ___ Week 4: July 27-30 9:00-3:00
 ___ Week 5: August 3-6 9:00-3:00
 ___ Week 6: August 10-13 9:00-3:00
 ___ Week 7: August 17-20 9:00-3:00

___ Week 1: July 6-9 7:30-4:30
 ___ Week 2: July 13-16 7:30-4:30
 ___ Week 3: July 20-23 7:30-4:30
 ___ Week 4: July 27 -30 7:30-4:30
 ___ Week 5: August 3-6 7:30-4:30
 ___ Week 6: August 10-13 7:30-4:30
 ___ Week 7: August 17-20 7:30-4:30

CAMP REFUND POLICY:

NO REFUNDS will be given after a program begins unless extenuating circumstances prevents you from participating in the program. The cost of trips is also non-refundable.

SESSION(S) TOTALS \$ _____ + T-SHIRT ORDER \$ _____ = GRAND TOTAL \$ _____

MEDICAL INFORMATION

Is your child allergic to anything? YES _____ NO _____

If yes, to what? _____

Does your child take any medications?* YES _____ NO _____

If yes, what medications and are there any side effects the staff should be aware of?

Any medical conditions or special needs staff should be aware of? YES _____ NO _____

If yes, please explain in detail.

Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp?

YES _____ NO _____

If yes, please explain in detail _____

***NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please attach a note completed by your doctor before camp begins.)

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of East Windsor, I hereby waiver and release the Town of East Windsor, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

Participant/Parent/Legal Guardian Signature

Date