MANALAPAN PARKS & RECREATION 2019

TRAVEL CAMP

2019 SUMMER RECREATION PROGRAM REGISTRATION FORM 120 ROUTE 522, MANALAPAN, NJ. 07726

All camp information, including weekly camp updates, will be e-mailed. Please complete and sign all forms in order for this application to be process

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PLEASE PRINT ALL INFORMATION CLEARLY

Parent Name: Last			First			
Child's Name: Last			First			
Present Grade:	D.O.B. /	/	Gender: M	I F	Age:	
Address:			Town			
Home Phone:		Em	ergency Phone:			
**E-Mail Required:						

REGISTRATION FEES PROGRAM MAXIMUM IS 75 PARTICIPANTS

Now thru 4/07	\$1030.00 each child	Includes trip fees	\$			
4/08-5/12	\$1045.00 each child	Includes trip fees	\$			
5/13-6/02	\$1095.00 each child	Includes trip fees	\$			
Transportation	\$ 180.00 each child	Available until 5/14	\$			
	After 5/12, if available	Add \$25.00 late fee	\$			

NO REGISTRATIONS ACCEPTED AFTER JUNE 2

** Note: Third child discount applies to the registration for the youngest child in the family. **

ACCIDENT INSURANCE: In order to additionally protect participants in our Recreation programs, Manalapan Township maintains a "LIMITED FORM OF CONTRACT" accident insurance for youth sponsored programs (with the exception of skiing, boxing, lacrosse and ice hockey), which is intended to be only supplemental to your own personal health insurance. This coverage has restrictions and limitations and does not include individuals over the age of 18. All participants are encouraged to carry their own personal health insurance to adequately be protected in case of emergency. Manalapan Township carries **NO** health insurance coverage for personal injury while participating on sponsored ski trips or any of the excluded categories.

PROGRAM ACCIDENT INSURANCE/DISCLOSURE STATEMENT: Programs sponsored by Manalapan Parks and Recreation offer an opportunity for participants to explore and test the limits of their abilities. Every effort is made by staff and volunteers to protect the safety of all participants. Your participation in the Manalapan Recreation Program is voluntary and we assume no responsibility for any injuries or accidents that may occur.

MEDICAL ATTENTION: I hereby authorize the attending physician to administer treatment on behalf of the above minor participant in the event of an emergency. I also assume financial responsibility for any medical treatment for my child not covered under the Township's accident insurance policy.

T-Shirt Size: *Youth: YS__YM__YL_YXL__*Adult: S__M__L_XL__XXL___



I

ALL FEES ARE NON-REFUNDABLE: NO SWITCHES, NO CREDITS, NO EXCHANGES, NO TRANSFERS

Emergency contact:

and phone number for any related issues _____

*Allergies or Medical Issues:_____

*Special Needs, Limitations, Restrictions:

• If your child has any special needs, please complete a Special Needs Form. *

Special Request:

REQUIRED INCLEMENT WEATHER PROCEDURE

I understand and agree that the 2019 Summer Recreation Travel Camp be cancelled on days of inclement weather.

Signature Parent/Guardian

REQUIRED PICK UP AUTHORIZATION FORM

The following individual(s) (must be at least 18 years of age) are authorized to pick up my child from the Manalapan Recreation Summer Travel Camp Program. I understand my child will be allowed to leave with these individuals only. **Government issued photo identification will be required at sign out. Parent's names must be listed for pick up.**

Authorized Person's Name (please print name as it appears on photo identification)	Relationship to Child	Phone Number

Name of person(s) <u>NOT</u> allowed to pick up child (appropriate custody papers must be attached if a parent is not allowed to pick up their own child).

Person's Name	Relationship to Child	Phone Number		

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Please Initial:

I harab	y consent to allow my	y child to r	norticin	ata in M	Ianalanan	Recreation s	nonsorad	activities
I nered	y consent to anow m	y china to j	participa		ганагаран	i Neci eation s	ponsoreu	activities.

I have wood	and accord	the Cumme	Dugguan	Compose I	Dohoviowal	Agreeant
I have read	and accept	t the Summer	r program y	Camper i	Senaviorai	Agreement

_____ [] Cash Rec'd _____ Date _____ Fee ____ [] Check By _____

Signature Parent/Guardian

H:\2019 Summer Camp\Reg. Forms\2019 Travel Reg Form.docx