

Readington Twp. Recreation
509 Route 523
Whitehouse Station, NJ
08889
(908-534-5382/534-9752)

Readington Recreation Summer Registration Form 2008

PLEASE CHECK THE SCHOOL YOUR
CHILD WILL ATTEND AT CAMP
Whitehouse School_____
Holland Brook School_____
Readington School_____

Last Name _____ First Name _____
Address _____ Date of Birth _____ Age _____
_____ Grade Completed June 2008 _____
T-Shirt Size: Youth S ___ M ___ L ___ Adult S ___ M ___ L ___ Date Received Shirt _____
E-Mail Address _____ Cell Phone Number _____
Father's Name _____ Mother's Name _____
Home Phone Number _____ Work Phone Number _____
Emergency Contact _____ Phone Number _____
Doctor Emergency Contact _____ Phone Number _____
Known Allergies, medical problems, or prohibitions:

Select one of the following options: Cost applies to all 6 weeks

1. Monday to Friday (8-5:30)

8:00-5:30 Cost: \$800.00 Check # _____ Cash _____ Date _____

8:00-3:00 Cost: \$590.00 Check# _____ Cash _____ Date _____

8:00-12:00 Cost: \$225.00 Check# _____ Cash _____ Date _____

2. Select certain days: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Check one:

8:00-5:30 4 Days \$650.00 _____ 3 Days \$500.00 _____

8:00-3:00 4 Days \$490.00 _____ 3 Days \$370.00 _____

Check # _____ Cash _____ Date _____

ATTENTION: On all summer sessions, including trips, there will be a 10 minute grace period for pick up after which a \$10.00 per minute late fee will be assessed payable at the same time of pick up.

Approval and Permission for Photos Please check yes ___ or no ___

By signing this release, the undersigned understands and agrees that photographs may be taken during recreation programs and the undersigned hereby gives permission to have his/her photo taken and authorizes the use and reproduction of said photos by the Township of Readington. All negatives and prints shall become the sole property of the Township of Readington.

Approval and Emergency Medical Release

I, the undersigned, give my approval for my child to participate in this activity and hereby waive, release and agree to hold harmless Readington Township, the Recreation Committee, and all volunteers and persons involved in the program from any claim arising from injury to my child.

I understand that in the event my child is injured as a result of participation in any recreational activity in connection with this program, that reasonable efforts will be made by Readington Township, Readington Committee, or persons authorized to contact me. However, I if it is determined by a certified EMT Volunteer, Police Officer, Physician or Surgeon that my child _____ is in need of emergency medical or surgical treatment, then I give my consent to such treatment.

Signed _____ Date _____
(Parent/Guardian)