

**N. Plainfield Recreation Commission  
2009 SUMMER CAMP REGISTRATION FORM  
June 25<sup>th</sup> – August 12<sup>th</sup> (closed July 3<sup>rd</sup>)  
REGISTRATION STARTS AT 9 am ON THURSDAY, JUNE 25<sup>TH</sup> !!!!**

*Welcome to the North Plainfield Recreation Department! We encourage everyone to participate in our programs. Summer Playgrounds Camp is a 7-week program, which runs Monday through Friday, 9AM – Noon (half day) or 9 AM – 3 PM (full day). Children ages 5-13 are eligible to participate. Children will bring home a weekly schedule of activities including arts and crafts, sporting events, games, science experiments and other educational activities, free play and themed days. Each site will take day trips at an additional charge. If your child does not go on the day trip, there may not be a program for that day or they may attend a different site.*

**Arrivals & Departures** Each site opens at 9 AM. Do not send your child early. Supervisors are not responsible for any children that arrive before playground hours of operation. All parents or authorized people are required to escort the child to the sign in/out table at the playground site. Please do not leave your child until he or she has been signed in. If someone other than the parent is picking up or dropping off, the supervisors at the sign in/out tables must have written authorization including people's name. Each site closes at a designated time, please understand that by picking up your child after the closing time, a late fee of \$10.00 will be charged and must be paid before the child is permitted back into the program.

**\*Please Note:**

- A separate form must be completed for each child enrolled in the Summer Recreation Program.
- Please use the back or attach a separate paper with any additional information.
- To register please use ink and print legibly to complete the following information and make payment.
- Every child must be registered with the N. Plainfield Recreation Department to be able to participate in this program.

**PLEASE PRINT CLEARLY**

I am registering my child for: (check one)  \$25 for half day  \$50 for full day

**Note: Field Trips are extra and there will be a \$10 fee for late pick-up each time it occurs.**

Please indicate your first AND second choice of the school you would like your child to attend for this program.

|                          | <b>Camp Site</b> | <b>Hours</b> | <b>Weather</b>     | <b>Cost</b> |
|--------------------------|------------------|--------------|--------------------|-------------|
| <input type="checkbox"/> | Vermeule         | 9 am - Noon  | Rain or Shine      | \$25/summer |
| <input type="checkbox"/> | Middle School*   | 9 am - 3 pm  | Rain or Shine      | \$50/summer |
| <input type="checkbox"/> | East End         | 9 am - Noon  | Weather Permitting | \$25/summer |

**Checks and money orders should be made payable to “NP REC”.**

**PERSONAL INFORMATION**

Circle Grade entering in September 2009:

1 2 3 4 5 6 7 8 9

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex: F / M

Address: \_\_\_\_\_ Paren'ts Email: \_\_\_\_\_  
*please write email address clearly*

Did your child attend N. Plainfield camp in 2008? Y / N

What school will your child attend in the Fall '09? E. End W. End Stonybrook Somerset Middle HS Other: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Please indicate only one (1) of the following options for the participant listed on this registration for.

My child can: (check Option A or B)

**A.** walk or ride a bike home at the end of camp sessions. They will need to sign themselves out if this box is checked.

**B.** not leave the playground site at any time until permitted people\*\*\* listed below arrive. Proper identification may be (i.e. driver's license) required at time of pick up for anyone other than parent or guardian.

\*\*\*Applies to option B only... *Parents/Guardians must be listed!*

|           |           |
|-----------|-----------|
| <b>1.</b> | <b>4.</b> |
| <b>2.</b> | <b>5.</b> |
| <b>3.</b> | <b>6.</b> |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Office Number \_\_\_\_\_

In case of an emergency, if parents, guardian or doctor cannot be reached, call:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Restricted activities for this child: \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Allergies or reactions: \_\_\_\_\_

Recent illness or surgery: \_\_\_\_\_

Note any physical conditions to be aware of in case of emergency \_\_\_\_\_

\_\_\_\_\_ **I certify that my child is up to date with his/her immunizations.**

Your Initials

**ACKNOWLEDGEMENT OF RISK – WAIVER & RELEASE OF ALL CLAIMS**

I certify that my child’s current physical condition is satisfactory for participating in the Summer Playground Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child’s participation in the Summer Playground Program. I understand that insurance will not be provided by or through North Plainfield for my child. Participation in these activities is at the North Plainfield Recreation Commission’s sole and absolute approval and the Commission reserves the right to reject any individual from the said participation at its sole and absolute discretion.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the town of North Plainfield, and its boards, committees, officers, agents and employees, including but not limited to its officers, agents and employees from any and all claims from injuries, damage or loss which may have accrued or which accrue to my child or me on account of my child’s participation in the Summer Playground Program other than injuries, damage or loss resulting from negligence or willful misconduct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Summer Playgrounds Participation Agreement**

I approve this registration and certify that my child is capable of such an experience. I grant permission for my child to participate in all planned camp activities. In case of accident or illness, the N. Plainfield Recreation Department and staff are authorized to secure emergency medical treatment for my child. I understand prudent attempts will be made to contact undersigned immediately. I understand that I will be responsible for payment of all medical bills. I understand that the Township of North Plainfield does not provide individual medical coverage for its participants. Each participant will be covered under his or her family’s medical policy. It is recommended that families have insurance before the child participates. I also understand that anyone affiliated with this program is not authorized to administer any type of oral medication to my child (i.e. aspirin, cough medication, etc.).

The North Plainfield Recreation Department and Summer Supervisors are not responsible for lost, stolen or damaged personal articles of the participants. I agree to hold harmless the Township of North Plainfield, N. Plainfield Recreation Department and Summer Supervisors, its volunteers, elected officials and employees from any and all claims for liability, losses and damages, irrespective of any negligent act or omission by the above named and or those individuals arising from or related in any way to this camp program.

I acknowledge and agree to abide by the N. Plainfield Recreation Summer Playgrounds policies and procedures for the best interest and safety of my child and other Township participants.

I also understand that by picking up my child after their designated site closes, a late fee of \$10.00 will be charged and must be paid before my child is admitted back into the program.

**North Plainfield Recreation Department**  
263 Somerset Street – North Plainfield, NJ 07060  
<http://www.northplainfield.org/recreation>  
(908) 756-0247

-----  
*Do Not Write Below This Line --- Office Use Only:*

**Date Paid:**            /      /      

|                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> <b>Cash</b> | <input type="checkbox"/> <b>Check</b> | <input type="checkbox"/> <b>Money Order</b> |
| <b>Amount:</b>                       | <b>Check #</b>                        | <b>M.O. #:</b>                              |
| <b>Receipt #:</b>                    | <b>(Is Phone Number on check?)</b>    | <b>Receipt #:</b>                           |

**Checks and money orders should be made payable to “NP REC”.**

**Initials of person processing registration and taking money:** \_\_\_\_\_