

# HIGH BRIDGE Summer Recreation Program

## 2017 REGISTRATION FORM

The Summer Recreation Program welcomes High Bridge children who have completed grades K-7. **The program will be held July 10<sup>th</sup> through July 21<sup>st</sup> and will run from 9:00 a.m.-12:00 p.m.** Enroll your child or children for one week or both weeks. The program will be located at High Bridge Elementary School. Please provide a healthy snack and a **labeled** water bottle.

**Registration Fee: One Week = \$60, Both Weeks = \$100.** (If your child attends the Extended Year Program, please contact Lisa Buckley @ (908)400-3175)

Please make check payable to High Bridge Recreation Committee.

**Please note there are NO REFUNDS.** Program Highlights: Supervised by three certified teachers; sports activities; hour craft time; special programs; rain or shine program. **NOTE:** For families with 3 or more children enrolled, the first two campers are at full-price, and additional campers are free.

Please check:

I'd like to be a parent volunteer. (One full day or one hour) Parent Name: \_\_\_\_\_

Week 1, July 10-14                       Week 2, July 17-21                       Both weeks

1st Child's name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_ Date of Birth \_\_\_\_\_

2nd Child's name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_ Date of Birth \_\_\_\_\_

3rd Child's name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Parent's names: \_\_\_\_\_ E-mail address\*: \_\_\_\_\_

Parent emergency #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please list someone who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Has the child been advised by a doctor against participating in physical activities?  YES  NO

If yes, please explain:

Is your child under a doctor's care?	Y	N	Reason:
Is your child on medication?	Y	N	List reason and medication:
Does your child have any allergies?	Y	N	List allergy:
Will your child be walking to/from the program?	Y	N	
Will a parent drop off & pick up?	Y	N	

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

A NOTE WILL BE REQUIRED IF ANYONE OTHER THAN A PARENT WILL PICK UP YOUR CHILD

***If you would like to contribute an extra amount to help fund the program for those children whose families may be experiencing financial hardship, please indicate the amount donated in the Note section of your check. Thank you!***

I hereby allow consent for my child to participate in the HB Summer Recreation program which is sponsored by the High Bridge Recreation Committee and the Borough of High Bridge. I acknowledge and understand that even with supervision and observance of rules, injuries or accidents may occur. In case of injury, accident or serious illness, I request the program director to contact me. If I am unable to be reached, I hereby authorize the program director to contact the physician listed above and follow their instructions. If it is not possible to contact the physician, the program director is authorized to obtain any necessary medical attention that is needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Email will be used to inform parents of any schedule changes due to weather during the program. Any emails sent will include the heading of **HB Summer Rec.** Please be sure we have your correct email!

**PLEASE SEND COMPLETED FORMS AND PAYMENT no later than JUNE 30<sup>th</sup>, 2017 to:**

High Bridge Recreation Committee, 97 West Main Street, High Bridge NJ

Please make checks payable to **High Bridge Recreation Committee.**

**Please note that registrations will NOT be accepted after the June 30<sup>th</sup>, 2017 deadline.**

PHOTO RELEASE: Photographs may be taken during the HB Summer Recreation Program. These photographs may be used in future brochures, slide programs, bulletin board displays, newsletters and local newspapers.

I do not wish my child to be photographed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The disclaimer below must also be signed in order for your child/children to attend the HBSR program. This a Board of Ed. Requirement so that we may use the school property for the program.

**High Bridge Use of Facility Release/Disclaimer**

1. I acknowledge that my child is in good health and physically capable of performing any activity to which he/she partakes as part of the High Bridge Use of Facility after school programs. I understand that the High Bridge Board of Education is relying on this statement in allowing my child to participate in any program at both schools.

2. I further acknowledge that I understand that there is an inherent risk of the activities in which my child will participate and I voluntarily assume all risks associated therewith. I further agree to hold the Board of Education and it's employees harmless for any and all injuries and/or damages which I may incur as a result of my activities in the Program and waive my right to sue the High Bridge Board of Education for any such injuries and/or damages except where the injuries or damages are primarily caused by the negligence or wrong acts of the High Bridge Board of Education.

I understand and agree to the terms of this release/disclaimer.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature