

**EWING RECREATION SUMMER DAY CAMP
2008 REGISTRATION FORM
BOYS & GIRLS ENTERING GRADES 1 – 6
MONDAY, JUNE 23 – FRIDAY, AUGUST 15, 2008**

This is a full-day day camp program for children entering grades 1 – 6. The camp will run from Monday – Friday, from June 23 – August 15, 2008, 9:00am – 4:00pm. Camp closed Friday, July 4th. Pre-Camp is available from 7:30am – 9:00am and after-camp runs from 4:00pm – 6:00pm daily. Unless noted on the schedule or other camp document, all camp activities will take place at the **Ewing Senior & Community Center, 999 Lower Ferry Road**. Camp will be divided into four two-week sessions. Cost is \$300.00 per session, per camper for Ewing residents and \$450.00 for non-residents. Questions call 883 - 2933.

REGISTRATION: Campers must be registered for a minimum of one session of camp. Forms can be obtained online at www.ewingtwp.net. Completed forms will be accepted at the Ewing Recreation Department (first floor of Municipal Building). The Recreation office will be moving to 999 Lower Ferry Road in early March. Office hours are 8:30am – 4:30pm. Completed forms can be mailed to Ewing Recreation Department, 2 Jake Garzio Drive, Ewing New Jersey 08628.

REGISTRATION DEADLINES: For Session 1, campers must be registered by Monday, June 2. For Sessions 2 – 4, registration closes one week before the session begins.

CAMP SESSION DATES: Session # 1 – June 23 – July 3. Session # 2 – July 7 – July 18
Session # 3 – July 21 – August 1 Session # 4 – August 4 – August 15

POST CAMP PROGRAM: August 18 – August 29. More information will be available at a later date.

STAFF: Camp Director is Ron Schwartz. Ron has worked at this camp location for over 20 years with the former JCC. He is a Ewing resident and teaches in the Bordentown school system. Other staff members include teachers, college students and high school students.

CAMPER'S INFORMATION - Please Print Clearly Grade entering in 9/08_____.

Name_____ **Date**_____

Address_____ **City**_____ **State**_____ **Zip**_____.

School-9/08_____ **Gender**_____ **Shirt Size**_____.

Parent or Guardian_____.

Phone(H)_____ **Cell**_____ **email**_____.

Your child must be picked up from camp or after-camp. Please list people able to pick up your child, including parents and siblings.

1. _____ 2. _____ 3. _____ 4. _____.

5. _____ 6. _____ 7. _____ 8. _____.

REGISTRATION FEES: Residents \$300 per session, non-residents \$450 per session.

Please check sessions attending.

<u>RESIDENTS</u>	<u>NON-RESIDENTS</u>
_____ Session # 1 6/23-7/3	_____ Session # 1 6/23-7/3
_____ Session # 2 7/7-7/18	_____ Session # 2 7/7-7/18
_____ Session # 3 7/21-8/1	_____ Session # 3 7/21-8/1
_____ Session # 4 8/4 – 8/15	_____ Session # 4 8/4-8/15

OFFICE USE ONLY: Make checks payable to Ewing Recreation Department.

Amount Paid: \$ _____ Cash: _____ Check # _____ Full _____

Received By: _____ Date: _____ Receipt# _____ Partial _____

Credit Card _____ Exp. _____ Card# _____

**EWING RECREATION DAY CAMP
PRE-CAMP & AFTER CAMP CARE
2008 REGISTRATION FORM**

Pre-Camp and After Camp care are offered for families who need care for their children for an extended time. There is an additional fee for both programs. Campers can be registered for a minimum of one session. Pre-Camp runs from 7:30am – 9:00am and After Camp runs from 4:00pm – 6:00pm.

Camper information – Please print clearly.

Name _____ Date _____

Pre-Camp _____ After Camp _____ Grade _____ Gender _____

Parent or Guardian _____.

Phone(H) _____ (W) _____ Cell _____

Your child must be picked up from after camp. Please list the people able to pick up your child, including parents and siblings.

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

**PRE-CAMP FEES: \$60 per session - Resident
\$80 per session – Non-Res.**

**AFTER CAMP FEES: \$80 per session - Resident
\$100 per session – Non-Res.**

Please check sessions attending.

RESIDENTS

_____ Session #1 6/23-7/3
_____ Session #2 7/7 – 7/18
_____ Session #3 7/21 – 8/1
_____ Session #4 8/4 – 8/15

NON-RESIDENTS

_____ Session #1 6/23-7/3
_____ Session #2 7/7 – 7/18
_____ Session #3 7/21 – 8/1
_____ Session #4 8/4 – 8/15

OFFICE USE ONLY: Make checks payable to Ewing Recreation Department.

Amount Paid: \$ _____ Cash: _____ Check # _____ Full _____
Received By: _____ Date: _____ Receipt# _____ Partial _____
Credit Card _____ Exp. _____ Card# _____

ACKNOWLEDGEMENT OF RISK

Program: **Ewing Recreation Summer Camp**

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in the above mentioned activity presents risk which include minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death.

While the possibility of serious injury to participants is unlikely, it is important that all participants and parents realize that these risks do exist.

PARENT/GUARDIAN AGREEMENT

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in this program. I have received, read and understand the risks and have discussed them with my child. He/she understands that he/she must obey all rules and regulations, follow all safety procedures, and obey any and all instructors, assistant instructors and staff members assigned to the program. My child and I understand the risk associated with this program, and my child and I agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in the Ewing Recreation Summer Camp and I agree that it is incumbent upon me to immediately inform the Ewing Recreation Department should the minor's physical condition change at any time prior to or during his/her participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey, and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Township Recreation Department permitting the named minor to participate in the Recreation Department previously mentioned, the undersigned, being the parent (s) or legal guardian of _____ hereby waive and relinquish all claims I (we) may have as a result of said minor participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department and Ewing Township Mayor and Council, its officers, agent, servants, and employees from any and all claims for injuries including death, damage or loss of property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its offices, agents, servants, and employees from any and all such claims.

Parent or Legal Guardian (Indicate Which)

Signature

Date

Please Print Name