

SUMMER PLAYGROUND CAMP REGISTRATION

SEA ISLE CITY RECREATION DEPARTMENT

6108 Central Avenue, Sea Isle City, NJ 08243

Phone: (609) 263-0050

E-mail: sicrec@seaislecitynj.us

**Please complete entire form, sign and RETURN WITH PAYMENT (check or money order) to address listed above.
ONE APPLICATION PER PARTICIPANT / FORM MUST BE POSTMARKED BY JUNE 3, 2017**

Name of participant: _____ M _____ F _____

Phone # (emergency, rain outs): _____

Local Address: _____

Birth date: _____ Age: _____ Grade (going in to): _____

E-mail address: _____

Emergency contact (name & phone#): _____

List names of people who may transport your child: _____

Medical restrictions/info.: ALLERGIES: _____

HEALTH CONDITIONS: _____

MONDAYS, WEDNESDAYS, FRIDAYS: 9:00 AM – 11:30 AM, \$50.00 /WEEK

LIMITED AVAILABILTY - CHILDREN MUST BE TOILET TRAINED

TOT – PLAYGROUND – Ages 3 – 5:

- Session I: July 10, 12, 14, 2017
- Session II: July 17, 19, 21, 2017
- Session III: July 24, 26, 28, 2017
- Session IV: July 31, Aug. 2, 4, 2017
- Session V: August 7, 9, 11, 2017

PLAYGROUND – Ages 6 – 12:

- Session I: July 10, 12, 14, 2017
- Session II: July 17, 19, 21, 2017
- Session III: July 24, 26, 28, 2017
- Session IV: July 31, Aug. 2, 4, 2017
- Session V: August 7, 9, 11, 2017

WAIVER FOR PARTICIPANT

In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the above park district or school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

- Registration fee does not include Medical Insurance.
- No switching or transferring of activities.
- No refunds will be issued unless it adheres to the City of Sea Isle City policy.
- Registration is taken on first come/first serve basis with limited enrollment.

Parent Signature: _____

Below for office use only:

Fee Paid: _____ Check one: Check # _____ Money Order # _____

Received by: _____ Date: _____

MEDIA RELEASE (OPTIONAL)

I, _____ do hereby give the City of Sea Isle City, Sea Isle City Tourism Commission and 7 Mile Publishing (his, her, its) assigns, licensees and legal representatives the irrevocable right to use my name, picture, portrait or photograph in all forms of media and in all manners, including composite or distorted representations for tourism promotion, advertising, trade or any other lawful purposes, and I waive my right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

CONSENT

I am the parent and/or guardian of the minor, _____ and have the legal authority to execute this release. I approve the foregoing and waive any rights in the premises.

Signed: _____ Witness: _____

Address: _____ Address: _____

Date: _____