

# CITY OF CAMDEN

## SFSP/SUMMER RECREATION REGISTRATION FORM

Name of Recreation Site: \_\_\_\_\_

Child's First & Last Name	M/F	Grade	Birthdate	Age
1.				
2.				
3				
4.				
Address:	City: Camden		State: NJ	Zip:
	Phone Number:			
Emergency Contact:	Email Address:			

### PARENT(S) OR GUARDIAN(S) INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I/We hereby consent to my/our child participating in the City of Camden's Summer Recreation Program. I/We further agree and understand that neither the City of Camden nor any of its officers, agents or employees will be responsible in any manner for any accidents or injuries sustained by my/our child resulting from participation in this Program, and we do hereby release and forever discharge them from any responsibility with respect thereto. I/We understand that my/our child must be at least 8 years of age to participate in the Summer Recreation Program. A certified birth certificate may be requested as evidence. To participate in the Summer Food Service Program child must be 18 and under. I/We further agree to indemnify and hold harmless the City of Camden, its officers, agents and employees, from all claims, suits or proceedings of any nature whatsoever that may be brought on behalf of, or on account of, my/our child participating in the Summer Recreation Program.

I/We have read and understand the above statement and I/we further attest that the information I/we have furnished is true and correct to the best of my/our knowledge.

I hereby grant permission to the City of Camden, Rutgers and The Y to use my child(ren) picture and/or statement in any of their publication and/or media activities or events.

\_\_\_\_\_  
Guardian Name (Print) /Guardian (Signature) Date

\_\_\_\_\_  
Mother/Guardian Name (Print) Mother/Guardian (Signature) Date

Please list on the following lines two persons who are authorized to pick up your child prior to 3:00 P.M., if necessary.

**- PLEASE MAKE CONTACT PERSON AWARE OF THIS AGREEMENT -**

List Name and Contact Number for up to 4 people

Print Name, Address and working phone or cell phone number on each line

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Emergency Contact Information**  
*(Must be available from 8am to 3pm)*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Child(ren) Medical Information**

Please note all known allergies: \_\_\_\_\_  
\_\_\_\_\_

Please note special diet restrictions: \_\_\_\_\_  
\_\_\_\_\_

Please note any physical restrictions that would limit participation in program activities:  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Treatment**

(Print Parent Name) \_\_\_\_\_ give the City of Camden Summer Recreation Program  
permission to transport my son/daughter to the nearest emergency facility for treatment in case of an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF CAMDEN

## ACTIVITY/TRIP PERMISSION FORM

Name of Recreation Site: \_\_\_\_\_

Child's First & Last Name	M/F	Grade	Birthdate	Age
1.				
2.				
3				
4.				
Address:		City: Camden		State: NJ
Parent/Guardian Name:		Parent/Guardian Phone Number:		
Emergency Contact Name:		Phone Number and Email Address:		

**Please check the correct box if you will allow your child(ren) to attend or not attend the following.**

**No child(ren) can attend a field trip without signed parent/guardian permission.**

<u>Field Trips</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>On-Site Activities</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Due to limited space, not all children will participate in all trips)</i>					
Adventure Aquarium	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arts and Craft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Art & Dance Classes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Athletic Competitions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Athletic Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health & Fitness Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice Skating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mad Science	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clementon Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mentoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Franklin Institute	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Science & Historic Exhibits/Demonstrations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fun Plex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Youth Day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Karate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sky-Zone, Jump Park, Dave & Busters, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roller Skating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	On-site Workshops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming (Aquatics) Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Others, when available to the City	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/we, the parent/guardian of the above-mentioned child(ren) understand that there is available the service or activity described above can be rendered to my son, daughter, or ward whose name is mentioned above. I/We hereby consent to my/our child participating in the City of Camden Summer Recreation Program. I/We further agree and understand that neither the City of Camden nor any of its officers, agent or employees will be responsible in any manner for any accidents or injuries sustained by my/our child resulting from participation in this Program, and we do hereby releases and forever discharge them from any responsibility with respect thereto.

**Child must be 8 years of age to participate in the Summer Recreation Program and 18 & under for Summer Food Program.**

I/We further agree to indemnity and hold harmless the City of Camden, its officers, agents and employees from any and all claims, suits or proceedings of any nature whatsoever that may be brought, on behalf of, or on account of, my/our child participating in the Summer Recreation Program. I/We have read and understand the above statement and I/we further attest that the information I/we have furnished is true and correct to the best of my/our knowledge.

Parent/Guardian Name (Print)      Parent/Guardian (Signature)

Date

Household Size:	1	2	3	4	5	6	7	8
Household Income Is below:	\$ 66,850	\$ 76,400	\$ 85,950	\$ 95,500	\$ 103,150	\$ 110,800	\$ 118,450	\$ 126,150