

Form A: Camper Registration

SUMMER PLUS 2019

Program Information:

Please check one or more session(s):

_____ **SESSION I**
(June 26-July5)

_____ **SESSION II**
(July 8-19)

_____ **SESSION III**
(July 22-August 2)

Camper Information:

Last Name: _____ First Name: _____

Gender: _____M _____F Age: _____ Date of Birth: ____/____/____

Current Grade: _____ Grade in Sept. 2019: _____ Shirt Size _____

School child is currently attending: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact Information: (other than parent/guardian)

Emergency Contact Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

FOR OFFICE USE:

Fee Paid: _____ Credit Card _____ Cash _____ Check _____ Date: _____

Received by: _____ Date/initial when entered into computer: _____



Form A: Camper Registration

Health Information:

Doctor's Name: _____ Phone #: _____
Does your child take medication on a daily basis? _____ Yes _____ No (The Summer Plus staff will not dispense medication at any time.)
Does your child have any allergies, hives, asthma, or reactions to food, bee stings, etc.? _____ Yes _____ No
Is there any personal information, special limitations, or medical conditions that the staff should know about your child? Please share any useful information to help us better meet your child's needs. _____ _____ _____
NOTE: Your child will not be assigned a group until the proper medical forms have been returned and processed by the office staff. In order to ensure the safety of your child, please check all expiration dates of medications, inhalers, and epi pens, before your child attends his or her first day of camp. Your child will not be allowed to stay at camp if they do not have their proper medications/inhalers/epi pens.
Nurse's signature (if any of above are checked yes): _____

Hold Harmless

In consideration for the Township of Hanover permitting my child to participate in the 2019 Summer Plus Program, I hereby agree and/or represent the following: He/She is in good mental and physical health. I understand that there may be some risks involved in the participation of the above sporting activity, including, but not limited to those associated with weather/playing conditions, equipment and other participants. As a parent, I fully assume the risk associated with the participation in said sporting activity. I hereby waive any and all claims that I may have against the Township of Hanover and its employees and agents arising out of any personal injury or property damage that is incurred during said participation whether active or inactive.

Emergency Policy

Name of Insurance Carrier: _____
Address: _____
Policy and ID #: _____

In the event of an emergency, I give permission for my child to be transported by emergency vehicle to a nearby hospital emergency room and given necessary medical attention. I also give my child permission to participate in the 2019 Summer Plus program including all scheduled trips.

Parent Signature: _____ Date: _____

Form B: Drop-Off and Release Authorization

Drop-off Authorization

I, _____, hereby authorize the following people to drop-off my
(parent/guardian name)

child, _____ at the Summer Plus Program.
(child's name/grade)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Release Authorization

I, _____, hereby authorize my child, _____,
(parent/guardian name) (child's name/grade)

to be released from the Summer Plus Program to the following individuals. I assume full responsibility for him/her as of the time of dismissal from the program premises.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The program MUST be notified immediately if there are any changes to the above authorization.

If none of the above individuals are able to sign in/sign out, please provide a written note to the site director on the morning of the desired day.

Parent/Guardian Signature: _____

Date: _____

Form C: Additional Trips

Camper Name: _____ Grade in Sept. 2019: _____

Home Phone Number: _____

Campers will have the option of attending the following additional trips. On these days, camp will still be open for those campers not signed up for the additional trips. If you plan to send your child on any additional trips, please be aware of the following:

- Campers must wear their camp T-shirt in order to attend any trip.
- There will be **NO** refunds or credits for any of the trips.
- **All trips are on a first-come, first-serve basis.**
- If it is raining on a day that an outside trip is scheduled, please call the Recreation Activity line, (973)-887-7870 by 8:30 a.m. concerning trip status. Any financial difference will be refunded if necessary.
- Please refer to the calendar and read the trip descriptions (located in packet) and check off the one(s) your child will be participating in.

Session I Additional Trips:

Date:	Trip:	Cost:	Will Attend:
July 2	Turtle Back Zoo	\$20.00	

Session II Additional Trips:

July 11 Rain Date: TBD	Mount Olive Carnival	\$35.00	
July 16	Medieval Times	\$55.00	

Session III Additional Trips:

Date:	Trip:	Cost:	Will Attend:
July 23	Liberty Science Center	\$35.00	
July 25	Crayola Factory	\$25.00	
July 30	Fun Time Junction	\$25.00	

_____ My child **will not** be attending any additional trips during the Summer Plus Program.

_____ My child **will** be attending additional trips during the Summer Plus Program and I give my child permission to attend all additional trips that I signed up for.

_____ My child has permission to walk to the Bee Meadow Pool with their camp counselors and crossing guard.

Please be aware that the Hanover Township Board of Recreation Commissioners requires that a parent or guardian must accompany his or her child with life-threatening food allergies and/or medical conditions on these additional trips.

Parent/Guardian Signature: _____ **Date:** _____



Hanover Township Recreation
Summer Plus/Travelling Teens 2019
PUBLICITY/PHOTO RELEASE FORM

Child's Last Name

First Name

Grade (in Sept. 2019)

_____ I hereby grant permission to the Township of Hanover to use the name/or likeness of my child named above, while my child is attending Summer Plus/Travelling Teens 2019 in all media types including, but not limited to: news releases, photographs, audiotapes, videotapes, internet transmissions, and any publication or news release that may be used by the Township of Hanover while my child is attending camp.

_____ I hereby deny permission to the Township of Hanover to use the name and/or likeness of my child named above, while my child is attending Summer Plus/Travelling Teens 2019 in any media types identified above.

My permission or lack of permission shall remain in effect unless revoked by me and communicated in writing.

Parent/Guardian Signature

Date