

# The City of Orange Township

## Mayor's Circle of Excellence Summer Camp

### Registration Form

#### PARTICIPANT INFORMATION (One form per participant – Copy as needed)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Orange Resident       Essex County Resident       Non Essex County Resident  
 Age (As of June 15, 2015 this age must match the requirements in the camp description) \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Participant T-Shirt Size (Circle Size) YS YM YL YXL AS AM AL AXL (for applicable camps only) \_\_\_\_\_  
**Program registering for:** Enrichment Camp \_\_\_\_\_ Enrichment Camp & After Care \_\_\_\_\_  
**Baseball** \_\_ **Cheerleading** \_\_ **Swim Camp** \_\_ **Tennis** \_\_ **Other:** \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_  
 Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

#### PICK UP AND EMERGENCY CONTACT AND AUTHORIZED RELEASE AUTHORIZATION

Please list, in order, the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

**1) Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_  
**2) Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_  
**3) Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_  
**4) Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**Administrator of the camp will be disclosing pertinent information to administrative staff to ensure everyone's safety.**

By signing below, I acknowledge that:

- The City of Orange Township provides no insurance coverage for participants
- I agree to read the parent/guardian camp manual upon receipt.
- I have selected an appropriate program for the interests and abilities of the participant and the information I have provided on the Participant Information Form is current and accurate.
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Orange Township staff to seek appropriate medical care if a parent/guardian cannot be reached.

Signature is required to complete the registration process. Note: City of Orange Township Recreation Department staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participant Information** (One form per camper – Copy as needed) Participant's Name:

**INCLUSION POLICY**

The City of Orange Township Recreation Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.**

The City of Orange Township recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

Would you like to be considered for reasonable accommodations for your child?  Yes  No

**HEALTH INFORMATION**

The City of Orange Township recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

If participant has any allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your participant with an Epi-Pen to keep at the program site.

Please check here to verify that you will not be providing your participant with an Epi-Pen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Orange Township from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian.

Everyone requesting financial assistance will be required to complete an "Application for Financial Assistance". Families must provide proper identification, recent pay stubs or any other documents supporting your income. Families whose sole income is AFDC (welfare), SSI, Disability or Unemployment qualify for special fees.

**family's income guidelines are as follows:**

1 person \$21,775	4 persons \$44,863
2 persons \$29,471	5 persons \$52,559
3 persons \$37,167	6 persons \$60,255

*These guidelines are from the NJ BREAKFAST AND LUNCH PROGRAM. <https://www.gpo.gov/fdsys/pkg/FR-2015-03-31/pdf/2015-07358.pdf>*

*Any family that experienced tragic displacement within the last six months fees may be waived providing we receive a notarized letter stating such and a document from an assisting organization (Red Cross United Way or etc.) confirming the tragedy.*

Non- resident fees for camp are \$100 per week. A non-refundable fee of \$125.00 is due at the time of registration. The camp fee is \$600.00 for six (6) weeks, \$750.00 if you require after/before care. The hours of Aftercare are from 4:30-6:30 pm. The balance is due by June 15th.

I, the undersigned parent or legal guardian, do hereby release, indemnify and hold harmless the City of Orange Township, the Recreation Department, its staff, volunteer organizers and sponsors, any and all of them, from any liability which may result from my child taking field trip(s) with the program. All field trips will be posted in advance.

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_