

2015 Summer Mini Plus Application

Township of Denville Recreation Department

1 St. Mary's Place, Denville, NJ 07834

Phone: 973-625-8300 ext. 238

Email: recreation@denvillenj.org

~PLEASE PRINT ALL INFORMATION CLEARLY IN INK~

ALL INCOMPLETE APPLICATION FORMS WILL BE RETURNED!

Open Registration will begin on Monday, March 16, 2015

Camper's Name _____ Age _____ (as of 6/30/15)

Home address: _____

Home phone #: _____

Parent/Guardians: _____

Mom work #: _____ Mom cell #: _____

Dad work #: _____ Dad cell #: _____

E-Mail Address: _____

EMERGENCY CONTACTS/ PEOPLE AUTHORIZED TO PICK UP MY CHILD:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Name _____ Phone # _____

*** NOTE * If any person other than those listed above is to pick up a camper, a written note MUST be sent in that morning with the child!**

Are there any court orders barring any adult contact with a child in effect that we

should be aware of? _____
(if applicable, please attach a copy for our records and your child's protection)

MINI PLUS SESSIONS!

Mini Plus runs from 9am to 11:30am Monday – Friday

PLEASE CHECK SESSIONS DESIRED

Session 1: June 29 – July 2 (M,T,W,Th) _____ (\$60) No camp on 7/3

Session 2: July 6 -10 _____ (\$70)

Session 3: July 13 - 17 _____ (\$70)

Session 4: July 20 - 24 _____ (\$70)

Session 5: July 27 – 31 _____ (\$70)

~~*PLEASE READ AND REVIEW THE FOLLOWING CAMP POLICIES*~~

HOLD HARMLESS AGREEMENT:

I waive and release all rights and claims for damages against Denville Township, the Recreation Department, the Recreation Director, the Denville Board of Education, and any employees and agents for any and all injuries which may be suffered by the above named individual while participating in the activity. I understand that all injuries must be reported immediately to the Recreation Department. I also realized that Denville Township, The Denville Recreation Department, and the Denville Board of Education do not have medical or accident insurance to cover the above named individual or any other participants. I further certify that all information on this form is true.

CANCELLATION & REFUND POLICY:

Payment must be made in full after you have received confirmation of registration.

Payments may be made by check or money order made Payable to The Township of Denville and dropped off in person to the Denville Recreation Department during the day (9am –3pm) or mailed to the Recreation Office at the Denville Municipal Building, 1 St. Mary's Place, Denville, NJ 07834.

*** PAYMENTS MUST BE RECEIVED BEFORE FRIDAY, JUNE 5, 2015 ***

Payments not received by this date will forfeit your child's enrollment.

No Refunds after June 1st.

Refund and Cancellation Policy: A \$25.00 processing fee will be DEDUCTED FROM YOUR TOTAL REFUND. No refunds will be given after June 1st.

Returned Check Policy: A \$30.00 processing fee will be charged to all returned checks. All fees and payments must be paid in CASH or Certified Check.

DISCIPLINE POLICY:

At Denville Recreation's Summer Plus Program we seek to provide a safe and fun environment where children can enjoy themselves. The Summer Plus staff is very patient and tolerant. However, the camp does not tolerate behaviors that endanger the welfare of its campers or employees. Any form of fighting will not be tolerated; this includes biting, kicking, scratching, punching, spitting, use of illegal drugs and alcohol, the carrying of dangerous weapons, etc. If a child exhibits any of these behaviors, Denville Recreation reserves the right to expel the child from camp without refund.

MEDIA POLICY:

On occasion campers may be photographed or videotaped while participating in summer camp activities. I understand that these pictures may appear on the Denville web page and/or in publicity or brochures marketing Denville Recreation programs and facilities. I understand that there are no rights granted to me to inspect or approve photographs prior to publication. Names will not be published with any pictures that are used.

Check if applicable:

_____ My child has a disability, as defined by the ADA, and may need reasonable accommodations in order to participate in the Mini Plus Program.

I have read and understand all of the above information and policies.

Parent/Guardian Signature (required) _____

Important Mini Plus Information:

- Please do not drop off campers before 9am!
- **All campers must wear sneakers everyday and bring a snack and water bottle.**

Denville Recreation Emergency Medical Information

Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Birth Date ____/____/____ Male Female

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY** when you cannot be reached, who should be notified?

1. Name _____ Relationship _____
Phone _____ Other Phone _____
2. Name _____ Relationship _____
Phone _____ Other Phone _____

If there has been a custody decision please list the name or names of the person **NOT** permitted to pick up the child.

(Please provide documentation, which will be kept confidential)

Before engaging in any physical activity it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we need to know the following information:

Name of Physician _____

Phone Number (____) _____ Date of last Tetanus shot _____

Circle if you have any of the following:

Allergies	Specific Food Allergies	Insect Allergies	Medication Allergies
Diabetes	Seizures	Contact Lenses	Dentures

Explain in detail any circled above:

Do you carry an epinephrine pen/kit? Yes No

Can you self-administer the epinephrine pen? Yes No

Is there anything else about your health you would like us to know in case of an emergency?

Presently taking any medications? Yes No If Yes, what? _____

This medical history is correct and complete to the best of my knowledge.

Signature of Participant (or parent/guardian) _____ Please **PRINT** Signature Name _____ Date _____

Please Return To:
Denville Recreation Department
1 St. Mary's Place ♦ Denville ♦ New Jersey 07834
973 625-8300 x238 ♦ 973 627-2709 Fax

Revised 03/2008