

Rochelle Park Summer Camp

July 6, 2015 - August 14, 2015

****IN PERSON REGISTRATION ONLY!****

**Registrations will be held at Houghton Hall
on Saturday June 6th, 2015 10:00 to 12 pm
on Wednesday June 10th, Thursday, June 11th
7:30 p.m. to 9:00 p.m.**

Registration will be closed at 200 participants

First child - \$250.00 Each additional child- \$240.00

CHILDREN ENTERING 1ST thru 8TH grade September, 2015

**Out of Town Registration \$275.00/\$265.00 respectfully
on June 10, 2015 if availability allows**

NO CASH WILL BE ACCEPTED - Checks or money order ONLY!!!

**Payable to: *Township of Rochelle Park*
Returned checks subject to a \$50.00 return fee**

PROOF OF RESIDENCY REQUIRED - Proof of residence is defined as documentation by the parent or legal guardian that the child resides at an address within the school's (Midland) attendance boundary.



ROCHELLE PARK RECREATION

Recreation Committee

151 W. Passaic Street • Rochelle Park, NJ 07662

Tel: 201-587-7743 • Fax: 201-587-1570

recreation@rochelleparknj.gov

www.rochelleparknj.gov

PROGRAM REGISTRATION/CONSENT FORM

PROGRAM: Rochelle Park Summer Camp **NO REFUNDS**

COST \$250.00 FIRST CHILD, \$240.00 EACH ADDITIONAL CHILD

Out of Town Residents \$275.00 /\$265.00 respectfully

**** ALL camp activities included****

****IN PERSON REGISTRATION ONLY****

PROOF OF RESIDENCY REQUIRED - Proof of residence is defined as documentation by the parent or legal guardian that the child resides at an address within the school's (Midland) attendance boundary.

NO CASH WILL BE ACCEPTED - Checks or money order ONLY!!!

Payable to: Township of Rochelle Park

Returned checks subject to a \$50.00 return fee

Dates: Monday, July 6th, 2015 - Friday, August 14th, 2015 **Time:** 9am to 1pm

Location/Meeting Place: HOUGHTON HALL / CARLOCK FIELD

Name of Participant (Last, First, Middle Initial)	Age	Birth Date
Home Address	Sex	Home Phone Number
Name of School	Grade-(Sept/2015)	Emergency Phone Number/Na
Parent's e-mail address	Parent's cell number/Name	
Physical Limitations (if any) / "Allergies"		

Check all that apply:

I wish to have my **child** participate in the morning swim program.

My child **can** walk/bike home from camp at 1pm by him/her(self).

T-Shirt Size:(Please Circle One) Youth Medium /Youth Large /
Adult Small / Adult Medium / Adult Large / Adult Extra Large

I, the below signed, verify that all the information on the enrollment form is correct. By signing this form, I agree to abide by all rules and regulations established by the **Township of Rochelle Park**. I assume all risks and hazards incidental to such participation and accept personal responsibility for any damages resulting from such participation. I also waive, release, absolve, indemnify and agree to hold harmless Organizers, Officials, Participants, Sponsors, The Township of Rochelle Park **along with its Departments and Committees**, and the State of New Jersey for any and all claims arising out of injury from such participation.

(Parent/Guardian Signature)

Date

FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Fee \$

Check

Check#

Rec'd by: