

**REGISTRATION FOR BRADLEY BEACH RECREATION
SUMMER CAMP 2019**

Camper's Name: _____ Birthdate: _____ Grade (Sept. 2019)_____

CIT Applicant: **Yes** **No** **Reference Letter Attached:** **Yes** **No**

Parent/Guardian's Name: _____

Permanent Address: _____

Summer Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Physical Limitations or Medical Alerts:

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Shirt Size (*circle one*) Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

 Extra Shirt (To purchase an additional shirt, please check box and add \$10.00 to your fee)

Dismissal (*circle one*) My child(ren): CAN CANNOT walk home from camp.

Our seven week Summer Camp program will run from Monday, June 24th through Friday, August 9th.
CAMP HOURS ARE 8:30AM ~ 2:00PM

Fee Payment (check appropriate box)

- | | |
|---|----------------|
| <input type="checkbox"/> I am a resident of Bradley Beach (attach proof of residency) | Fee: \$450.00* |
| <input type="checkbox"/> I am a resident of Neptune City (attach proof) | Fee: \$450.00* |
| <input type="checkbox"/> I am a NON-RESIDENT | Fee: \$595.00* |

*A \$50.00 discount is available for siblings.

Please make checks payable to: Borough of Bradley Beach

Liability Notice: Parents or legal guardians of participating campers assume full responsibility for all risks taken and injuries incurred by their child(ren) while participating in any event of the Bradley Beach Recreation Summer Camp. By signing this registration form, you, as the legal guardian of the registered camper listed above, release and forever hold harmless the Borough of Bradley Beach, Bradley Beach Recreation employees, Board members, as well as any and all persons acting on behalf of these agencies from any liability for your child's possible injuries, including but not limited to medical expenses or any other form of compensation, that may result from their involvement in the Bradley Beach Summer Camp.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____