



# ROCHELLE PARK RECREATION

## Recreation Committee

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[www.rochelleparknj.gov](http://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 2<sup>nd</sup>, 2018 - Friday, August 10<sup>th</sup>, 2018 **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/2018)	Emergency Phone Number/Name
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:**

# **Rochelle Park**

## **Summer Camp**

**July 2, 2018 - August 10, 2018**

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

**Registrations will be held at Houghton Hall  
Thiem Avenue**

**on Wednesday, May 30th, Thursday, May 31<sup>st</sup>  
7:00 p.m. to 8:30 p.m.**

**and Saturday June 2<sup>nd</sup>, 2018 9am to 12noon**

**\*Registration will be closed at 200 participants\***

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

**CHILDREN ENTERING 1<sup>ST</sup> thru 8<sup>TH</sup> grade September, 2018**

**Out of Town Registration \$275.00/\$265.00 respectfully**

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