

**2018 PEMBERTON RECREATION TEEN TRAVEL CAMP – REGISTRATION FORM**

Parent/Guardian Name: \_\_\_\_\_

Parents DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone – Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell Phone – Father: \_\_\_\_\_ Mother: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Rec'd	_____
Fee Paid	_____
Balance	_____
Check/Cash	_____

**CAMPER INFORMATION**

	<b>CAMPER 1</b>	<b>CAMPER 2</b>	<b>CAMPER 3</b>
First Name:	_____	_____	_____
Last Name:	_____	_____	_____
Birth Date:	_____	_____	_____
Gender:	_____	_____	_____
Grade in Sept. 2018: (6 <sup>th</sup> – 10 <sup>th</sup> )	_____	_____	_____

**Select the Following Weeks for your Camper(s) Grades 6<sup>th</sup> – 10<sup>th</sup> in 2018:**  
*\*Calendar located on final sheet of packet*

\_\_\_ **Week 1: Teen Travel Camp** - Full Day Trips - August 6<sup>th</sup> - 10<sup>th</sup>  
\$170/camper - 8am - Pick up Times & Locations vary day-to-day between 4pm and 6:30pm

\_\_\_ **Week 2: Teen Travel Camp** - Full Day Trips - August 13<sup>th</sup> - 17<sup>th</sup>  
\$170/camper - 8am - Pick up Times & Locations vary day-to-day between 4pm and 6:30pm

\_\_\_ T-Shirt Size

**Non-Residents: Add \$10/child/program to the fees listed above (\$180 per week)**

**MEDIA COVERAGE RELEASE**

I hereby give Pemberton Recreation permission to have my child/children appear in any media coverage that is approved by the Pemberton Township Recreation Department.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CAMPER MEDICAL INFORMATION**

**Please Note: Staff can not administer aspirin, other non-prescriptive drugs or any prescriptive medicines.**

**CAMPER 1:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Allergies (list) \_\_\_\_\_

Concerns, Challenges and/or Restrictions (list) \_\_\_\_\_

Medications Being Taken (list) \_\_\_\_\_

*\*If your camper is able to self-administer medication, please sign the attached form for Authorization for Self-Administration of Medication. We will not have a nurse on staff during the camp, if your camper is unable to self-administer medication, you must administer any medication needed. All self-administrable medication must be labeled with your camper's name and date of birth.*

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**CAMPER 2:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Allergies (list) \_\_\_\_\_

Concerns, Challenges and/or Restrictions (list) \_\_\_\_\_

Medications Being Taken (list) \_\_\_\_\_

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**CAMPER 3:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Allergies (list) \_\_\_\_\_

Concerns, Challenges and/or Restrictions (list) \_\_\_\_\_

Medications Being Taken (list) \_\_\_\_\_

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**IN AN EMERGENCY PLEASE NOTIFY:** We will always attempt to contact parents/guardians first. Please provide the names of emergency contacts (other than a parent/guardian) who can pick up your camper/campers if you are delayed or in the case of an emergency.

**EMERGENCY CONTACT #1**

Name: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_  
Phone #1: \_\_\_\_\_  
Phone #2: \_\_\_\_\_

**EMERGENCY CONTACT #2**

Name: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_  
Phone #1: \_\_\_\_\_  
Phone #2: \_\_\_\_\_

**REQUIRED INFORMATION & SIGNATURES**

Please complete ALL pages of this packet and sign where indicated. If you are enrolling multiple campers, only one packet needs to be completed - you do not need to fill out a packet for each camper.

This information must be completed and turned in by the first day of the Teen Travel Camp (Monday, August 6). Packets can be dropped-off in person at the Recreation Department (69 Tensaw Drive, Browns Mills / Mon-Fri, 8 am - 4:30 pm - a **Convenience Drop Box** is available if you are unable to make it during office hours); Mailed to Pemberton Township (Attention: Recreation), 500 Pemberton-Browns Mills Road, Pemberton NJ 08068.

**AUTHORIZATION/PERMISSION TO PROVIDE EMERGENCY CARE & HOLD HARMLESS:**

To the best of my knowledge, the medical history I provided is correct and complete. I know of no reason to restrict the participant's participation and give my permission for participation in all activities except as specifically noted herein. I understand that part of the program experience involves activities and interactions that may be new to my camper/campers. These things come with certain risks and uncertainties beyond what my camper/campers may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my camper/campers. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the program's rules. My camper/campers and I both agree that he/she is familiar with these rules and will obey them. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Teen Travel Camp Coordinator to order X-rays, routine tests, treatment and transportation for my camper/campers. I also hereby give permission to the physician selected by the Teen Travel Camp Coordinator to secure and administer treatment, including hospitalization, for the person(s) names above. I understand that I will be notified at the earliest possible time should an injury or illness occur. I agree to the release of any records necessary for evaluation, treatment, referral, billing or insurance purposes. I agree to notify the Coordinator if my camper is ill with a communicable disease. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my camper's behalf. I understand that proper supervision is provided for all programs. However, in the event of any emergency due to accidents beyond their control, I hereby release Pemberton Township, its supervisors, employees and program volunteers, from all liability.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION**

*Please complete & sign below ONLY IF APPLICABLE.*

I hereby authorize my child/children to self-administer medication during the 2018 Teen Travel Camp. I understand that if my child/children or I bring medication, it must be labeled with my child's name and date of birth. This medicine will be kept in a secure location on site (inhalers for asthma and/or epi-pens should be kept with group counselor).

Child Name: \_\_\_\_\_ Medication Type: \_\_\_\_\_

Child Name: \_\_\_\_\_ Medication Type: \_\_\_\_\_

Child Name: \_\_\_\_\_ Medication Type: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PICK-UP AUTHORIZATION FORM**

The following people are authorized to pick up my camper/campers from the Pemberton Township Teen Travel Camp Program that they are registered. I understand my camper/campers will be allowed to leave with these individuals only. I will be sure that these individuals bring proper identification when picking up my child/children.

Camper/Campers Name \_\_\_\_\_

**\*Parents/Guardians, please include yourselves**

Authorized Person #1 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Authorized Person #2 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Authorized Person #3 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Authorized Person #4 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Authorized Person #5 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

## **2018 Pemberton Recreation Teen Travel Camp**

**\*All trips/dates are tentatively scheduled & subject to change without notice!**

Trips are from 8 am – 4 pm unless noted otherwise. ALL Thursdays are 6:30PM Returns!

Staff will be on-site for drop off as of 7:45 AM each day. [www.pemberton-twp.com/recreation.html](http://www.pemberton-twp.com/recreation.html)

All trips depart from Country Lakes Clubhouse: 69 Tensaw Drive, Browns Mills, NJ 08015

Breakfast and lunch summer meals program included!

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	<p style="text-align: center;"><b>8/6</b> Bowling @ The Big Event &amp; Mirror Lake Beach</p> 	<p style="text-align: center;"><b>8/7</b> Seaside Hts</p> 	<p style="text-align: center;"><b>8/8</b> Trenton Thunder Baseball Game</p> 	<p style="text-align: center;"><b>8/9</b> Dorney Park</p>  <p style="text-align: center;">6:30 PM Return</p>	<p style="text-align: center;"><b>8/10</b> Hurricane Harbor</p> 
<b>Week 2</b>	<p style="text-align: center;"><b>8/13</b> Sahara Sam's Oasis</p> 	<p style="text-align: center;"><b>8/14</b> Great Adventure</p> 	<p style="text-align: center;"><b>8/15</b> Philadelphia Zoo</p> 	<p style="text-align: center;"><b>8/16</b> Pirates on the Manasquan &amp; Jen's Beach</p>  <p style="text-align: center;">6:30 PM Return</p>	<p style="text-align: center;"><b>8/17</b> Fireball Mountain Laser Tag &amp; Mirror Lake Beach</p> 