

2019 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

	CAMPER 1	CAMPER 2	CAMPER 3
First Name:	_____	_____	_____
Last Name:	_____	_____	_____
Birth Date:	_____	_____	_____
Gender:	_____	_____	_____
Grade in Sept. 2019: (6 th – 10 th)	_____	_____	_____

Select the Following Weeks for your Camper(s) Grades 6th – 10th in 2019:
**Calendar located on final sheet of packet*

___ **Week 1: Teen Travel Camp** - Full Day Trips - August 5th – 9th
\$170/camper - 8am - Pick up Times & Locations vary day-to-day between 4 pm and 5 pm

___ **Week 2: Teen Travel Camp** - Full Day Trips - August 12th -16th
\$170/camper - 8am - Pick up Times & Locations vary day-to-day between 4 pm and 5 pm

___ 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.*

CAMPER 2:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

CAMPER 3:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

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 2019 Recreation Programs. 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 _____

2019 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

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<p style="text-align: center;">8/5 Bowling @ The Big Event + Mirror Lake Beach</p> 	<p style="text-align: center;">8/6 Seaside Hts</p> 	<p style="text-align: center;">8/7 Trenton Thunder Baseball Game</p> 	<p style="text-align: center;">8/8 Dorney Park</p>  <p style="text-align: center;">6:30 PM Return</p>	<p style="text-align: center;">8/9 Medieval Times</p>  <p style="text-align: center;">DINNER & TOURNAMENT</p>
Week 2	<p style="text-align: center;">8/12 Sahara Sam's Oasis</p> 	<p style="text-align: center;">8/13 Belmar Beach</p> 	<p style="text-align: center;">8/14 Cape May Zoo</p> 	<p style="text-align: center;">8/15 Pirates on the Manasquan + Jenk's Beach</p>  <p style="text-align: center;">6:30 PM Return</p>	<p style="text-align: center;">8/16 Fireball Mountain Laser Tag + MLB</p>  <p style="text-align: center;">OUTDOOR LASER TAG</p>