

**FREEHOLD BOROUGH 2024 SUMMER RECREATION**

**PROGRAM REGISTRATION FORM**

PLEASE PRINT ALL INFORMATION CLEARLY



**ALL REGISTRANTS MUST INCLUDE A COPY OF CURRENT PROOF OF RESIDENCY FOR ENROLLMENT TO BE FINALIZED AND ACCEPTED.**

This program will be accepting youth entering 3<sup>rd</sup>– 8<sup>th</sup> grades September 2024 – Separate Form Required for Each Child.

**NO REGISTRATIONS WILL BE ACCEPTED AFTER MAY 24, 2024**

Child's LAST Name:	Child's FIRST Name:
D.O.B.        /        /	Gender:   M / F        Age:
Grade as of September 2024:	School:

T-Shirt Size: **\*\*\*Youth**: YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ **\*\*\*Adult**: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Parent #1: LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Home/Work Phone Number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

\*\*\*\*\*E-Mail Required \_\_\_\_\_

Parent #2: LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Home/Work Phone Number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

\*\*\*\*\*E-Mail Required \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Emergency Contact Other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

**Borough Residents:**                      \$25 for the first child and \$5 extra for each additional child

**Non-Borough Residents:**            \$50 for the first child and \$5 extra for each additional child

**Payment methods: Exact Cash or Checks made payable to: **Borough of Freehold****

**Mail or Drop off Registration form(s) to:**

Freehold Borough Summer Recreation  
30 Mechanic St, Freehold, NJ 07728 (Attn: Sascha Duckenfield)

**PLEASE DO NOT ATTEMPT TO DROP OFF REGISTRATION FORMS TO SCHOOL**

<p><b><u>Program Dates: July 1<sup>st</sup> – Aug 2<sup>nd</sup></u></b>  <b><u>Program Time: 12:00 PM – 4:00 PM</u></b>  <b><u>PROGRAM MAXIMUM IS</u></b>  <b><u>100 PARTICIPANTS</u></b></p> <p><b><u>CAMP WILL BE CLOSED ON</u></b>  <b><u>JULY 4<sup>TH</sup> AND JULY 5<sup>TH</sup></u></b></p>	Please Check weeks attending:																			
	<table border="1"> <thead> <tr> <th><u>Attending</u></th> <th><u>Week</u></th> <th><u>Dates</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>July 1 - 3</td> </tr> <tr> <td></td> <td>2</td> <td>July 8 - 12</td> </tr> <tr> <td></td> <td>3</td> <td>July 15 - 19</td> </tr> <tr> <td></td> <td>4</td> <td>July 22 - 26</td> </tr> <tr> <td></td> <td>5</td> <td>July 29 – Aug 2</td> </tr> </tbody> </table>	<u>Attending</u>	<u>Week</u>	<u>Dates</u>		1	July 1 - 3		2	July 8 - 12		3	July 15 - 19		4	July 22 - 26		5	July 29 – Aug 2	
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## Summer Recreation Program

### Physical address:

Park Avenue Complex - 280 Park Ave, Freehold, NJ 07728

Child's LAST Name:	Child's FIRST Name:
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\*Allergies or Medical Issues: \_\_\_\_\_

\*Special Needs, Limitations, Restrictions: \_\_\_\_\_

**ACCIDENT INSURANCE:** In order to additionally protect participants in our Recreation program, Freehold Borough maintains a "LIMITED FORM OF CONTRACT" accident insurance for youth sponsored programs which is intended to be only supplemental to your own personal health insurance. This coverage has restrictions and limitations and does not include individuals over the age of 18. All participants are encouraged to carry their own personal health insurance to adequately be protected in case of emergency.

**PROGRAM ACCIDENT INSURANCE/DISCLOSURE STATEMENT:** By submitting this application, I certify that I am the parent/guardian of the individuals listed above and give permission for him/her to participate in the programs selected. This agreement is made upon the condition that I assume all risks and hazards incidental to the individual's participation and do hereby waive, release, absolve, indemnify, and hold harmless the Borough of Freehold Summer Recreation, and its agents and employees for any claim arising out of injury to the individual listed on this form. I confirm that he/she is in good physical condition and does not have medical issues that could be aggravated by his/her participation. We agree to abide by all rules, regulations, and policies set forth by the Borough of Freehold Summer Recreation. In case of a medical emergency, I give permission for treatment by a hospital or physician. I give permission to the Borough of Freehold Summer Recreation staff and agents to transport him/her to recreation events, if necessary. I accept that no refunds will be issued.

**Please check if your child(ren) will be attending any of the following:**

**21<sup>st</sup> Century**

**Credit Recovery**

**Other morning program(s) — Please list:** \_\_\_\_\_

\* ALL FEES ARE NON-REFUNDABLE: NO SWITCHES, NO CREDITS, NO EXCHANGES, NO TRANSFERS

**Please Initial:**

I hereby consent to allow my child to participate in Freehold Borough Recreation sponsored activities.

**I will attend a mandatory orientation to complete the enrollment process.**

Signature Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Freehold Borough Summer Recreation mailing address: 30 Mechanic St, Freehold, NJ 07728 (Attn: Sascha Duckenfield)

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