



HAZLET RECREATION SUMMER DAY CAMP

Veterans Memorial Park • 1776 Union Avenue • Hazlet • NJ

2017 BEFORE/AFTER CARE

PLEASE PRINT NEATLY and COMPLETE ALL SECTIONS

Camper Name _____ Male Female Date of Birth _____
FIRST NAME LAST NAME

Street _____ City _____ Zip _____

Resident of Hazlet: Yes No Is your child registered for 2017 Camp? Yes No

Grade completed **6/17** _____ School _____

Please choose the sessions requested:

***7:30 – 8:45 AM & 3:00 PM – 5:00 PM** Entire summer **\$250.00** NO REFUNDS
NO CARE AVAILABLE IF CAMP DOES NOT OPEN or IF CHILD DOES NOT ATTEND A TRIP

****7:30-8:45 AM only** **\$5.00 per day** Monday Tuesday Wednesday Thursday Friday

****3:00-5:00 PM only** **\$10.00 per day** Monday Tuesday Wednesday Thursday Friday

*****SAME DAY AFTERCARE 3:00-5:00 PM** **\$15.00 per day** Mon Tues Wed Thurs Fri

- *Entire summer option must be paid by June 19, 2017
- ** Pre registration and payment required 7 days before needed day.
- *** Must be paid in cash the day of after care by 9 AM.

PLEASE LIST DATES BELOW:

Make check payable to: **Hazlet Township** and mail to:
1766 Union Avenue, Hazlet, NJ 07730

Amount enclosed _____

WAIVER AND RELEASE - I hereby waive and release all rights and claims I or my minor child, my heirs, executors and administrators may have now or that may come into existence against the Township of Hazlet, its employees, officials, agents, successors and assigns as a result of or in connection with any activity sponsored by the Hazlet Recreation Summer Day Camp. I hereby acknowledge that my registration fee for the Hazlet Recreation Summer Day Camp does not include or entitle my child to payment of medical expenses that may arise out of my child's participation in Summer Day Camp. I acknowledge further that I assume responsibility for my child's medical expenses. I agree to pick my child up by 5 PM .

Signature _____ Date _____ Parent Guardian