



HAZLET RECREATION SUMMER DAY CAMP

Veterans Memorial Park • 1776 Union Avenue • Hazlet • NJ

2017 RETURNING CIT

Swim club fee required
for returning CIT's

PLEASE PRINT NEATLY and COMPLETE ALL SECTIONS

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

Street _____ City _____ Zip _____

Resident of Hazlet: Yes No Returning CIT: Yes No

Grade completed 6/17 _____ School _____

Camper T-shirt size: **Youth:** S (6-8) M (10-12) L (14-16) or **Adult:** S M L XL XXL

Mother/Guardian

Father/Guardian

Name		
Street		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		

ACTIVITY NAME	DATE	LOCATION	FEE
Program: Summer Day Camp	July 3 to August 11	Veterans Memorial Park	\$28
CIT			

Use one registration form per child and one check per child. Fees are non-refundable (except for Summer School).

MAIL TO: SUMMER CAMP CIT 1766 Union Avenue, Hazlet, NJ 07730
CIT APPLICATIONS ARE DUE BY MAY 17, 2017

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.

Signature _____ Date _____ Parent Guardian