



# HAZLET RECREATION SUMMER DAY CAMP

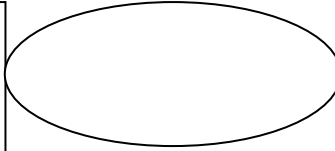
Veterans Memorial Park • 1776 Union Avenue • Hazlet • NJ

## 2017 RESIDENT REGISTRATION FORM

### REQUIRED – PROOF OF AGE

- First time Kindergarten registrants only -

Please include a copy of child's birth certificate or other legal documentation verifying age.



### REQUIRED – PROOF OF RESIDENCY

The following will be accepted:

- Hazlet School Report Card
- Mortgage Payment
- Current Utility Bill
- Tax Bill

### 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 Returning Camper  Yes  No

Grade completed **June 2017** \_\_\_\_\_ 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	\$300
Resident	No camp July 4th		

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

Make check payable to: **Hazlet Township** and mail to:

1766 Union Avenue, Hazlet, NJ 07730

Amount enclosed **\$300.00**

Registration closes **June 5, 2017**. Registrations mailed **MUST** be postmarked by **June 1, 2017**. Late registrations, if accepted will be subject to a late fee.

**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