



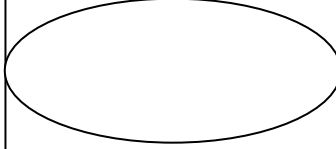
HAZLET RECREATION SUMMER DAY CAMP

Veterans Memorial Park • 1776 Union Avenue • Hazlet • NJ

2017 RESIDENT REGISTRATION SIBLING

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
- Current Utility Bill
- Mortgage Payment
- 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 **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 | \$250 |
| | 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 \$250.00

Registration closes June 5th. Mailed registrations must be postmarked by June 1, 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