



# HAZLET RECREATION SUMMER DAY CAMP

Veterans Memorial Park • 1776 Union Avenue • Hazlet • NJ

## 2018 NON RESIDENT 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 .

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 2018** \_\_\_\_\_ School \_\_\_\_\_

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

Is Camper a 2018 member of the Hazlet Swim Club?  Yes  No

### 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 2 to August 10	Veterans Memorial Park	\$575
	Non 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:

Amount enclosed **\$575.00**

**Summer Camp 1766 Union Avenue, Hazlet, NJ 07730**

Registration closes **May 31, 2018**. Registrations mailed **MUST** be postmarked by **May 31, 2018**. Late registrations, if accepted will be subject to a \$15 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