



HAZLET RECREATION SUMMER DAY CAMP

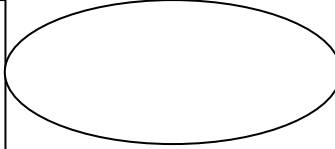
Veterans Memorial Park • 1776 Union Avenue • Hazlet • NJ

2019 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 2019** _____ 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 2019 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 1 to August 9	Veterans Memorial Park	\$325
	Resident	No camp July 4th	Aug 9 camp ends at 1 PM	

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 \$325.00

1766 Union Avenue, Hazlet, NJ 07730

Registration closes May 31, 2019. Registrations mailed MUST be postmarked by May 31, 2019. Late registrations, if accepted will be subject to a \$15 late fee. No refunds (except for summer school)

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. **No refunds** except summer school

Signature _____ Date _____ Parent Guardian