



# 2026 Summer Camp Registration Form (7th - 8th Grade)

Last Name:				First Name:				Camper's Date of Birth:			
Age by July 1, 2026:		11	12	13	14		Sex:		Male	Female	
Grade in Fall 2026: <i>(Must be entering 7th or 8th)</i>				7	8			<input type="checkbox"/>	<input type="checkbox"/>		
T-Shirt Size:		Child	S	M	L	Adult	S	M	L	XL	
Street Address:							Home Phone Number:				
City:				State:				Zip Code:			
Parent/Guardian's Name:								Relationship:			
Cell Phone Number:			Alternate Phone Number:			Email:					
Parent/Guardian's Name:								Relationship:			
Cell Phone Number:			Alternate Phone Number:			Email:					

**Emergency Contact Information (other than Parent or Guardian):**

Name:	Relationship:	Phone Number:

**Additional Pick – Up Authorization:**

Pick – Up Person's Name:	Relationship:	Phone Number:

**Medical Information**

Please check all that apply and complete the following: Withholding relevant **Physical, Emotional** or **Mental** health history may result in exclusion from camp. Specifically, all known conditions such as **ADD/ADHD** must be written on registration form. A camper whose presence poses a danger to persons or property and/or an ongoing threat of disrupting the camp experience for others, will be excluded from activities and expelled from camp.

<input type="checkbox"/>	My child's immunizations are up to date and current according to school records.
<input type="checkbox"/>	My child is currently under physician's care for:
<input type="checkbox"/>	My child is taking the current medication:
<input type="checkbox"/>	My child is allergic to the following:
<input type="checkbox"/>	My child has a severe allergy that could result in death.
<input type="checkbox"/>	My child has an epi-pen.
<input type="checkbox"/>	My child suffers from asthma or other breathing conditions.
<input type="checkbox"/>	My child carries an inhaler.
<input type="checkbox"/>	My child has difficulty handling anger.
<input type="checkbox"/>	Is there anything else that we should know that could impede your child's camp experience? (Please list)

Initials	<b>ACKNOWLEDGEMENT OF RISK – WAIVER &amp; RELEASE OF ALL CLAIMS</b>
	<b>Medical</b> If an emergency illness or injury occurs, I parent/guardian hereby authorize North Plainfield Recreation to treat and/ or send this person to a physician or hospital and authorize the necessary treatment. I understand prudent attempts will be made to contact undersigned immediately. I understand that I will be responsible for payment of all medical bills Each participant will be covered under his or her family's medical policy. It is recommended that families have insurance before the child participates. I also understand that anyone affiliated with this program is not authorized to administer any type of oral medication to my child (i.e. aspirin, cough medication, etc.).
	<b>Media</b> I give permission for the above named child to be photographed/videotaped during this camp season by a representative of North Plainfield Recreation. I understand that photos and video material will be used for camp activity and promotional purposes <b>ONLY</b> . No compensation will be offered to the child or family.
	<b>Health</b> I certify that my child's current physical condition is satisfactory for participating in the Summer Playground Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the Summer Playground Program. Participation in these activities is at the North Plainfield Recreation Commission's sole and absolute approval and the Commission reserves the right to reject any individual from the said participation at its sole and absolute discretion. I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the town of North Plainfield, and its boards, committees, officers, agents and employees, including but not limited to its officers, agents and employees from any and all claims from injuries, damage or loss which may have accrued or which accrue to my child or me on account of my child's participation in the Summer Playground Program other than injuries, damage or loss resulting from negligence or willful misconduct.
	<b>Personal Property</b> The North Plainfield Recreation Department and Summer Supervisors are not responsible for lost, stolen or damaged personal articles of the participants. I agree to hold harmless the Borough of North Plainfield, N. Plainfield Recreation Department and Summer Supervisors, its volunteers, elected officials and employees from any and all claims for liability, losses and damages, irrespective of any negligent act or omission by the above named and or those individuals arising from or related in any way to this camp program.
	<b>Blanket Summer Participation Agreement</b> I approve this registration and certify that my child is capable of such an experience. I understand NP Recreation has the right to terminate my child's enrollment at any time. I <b>grant permission for my child to participate in all planned camp activities on-site and off-site</b> . This includes walking and bus field trips, games, contest, sports activities, and activities led by outside vendors. <b>You reserve the right to refuse participation in any activity in writing.</b>

***By signing below, I acknowledge and agree that I filled out this form truthfully and to the best of my knowledge. I agree to abide by the North Plainfield Recreation Summer Playgrounds policies and procedures for the best interest and safety of my child and other Borough participants.***

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*Date*

***Do Not Write Below This Line --- Office Use Only***

Deposit Date Paid:	Balance Date Paid:	<input type="checkbox"/> <b>Cash</b>	<input type="checkbox"/> <b>Check</b>	<input type="checkbox"/> <b>Money Order</b>
		Amount:	Check #:	M.O. #:
		Receipt #:	<i>(Is Phone Number on check?)</i>	Receipt #:

Checks & money orders should be made payable to "NP RECREATION"

**Initials of person processing registration and taking money:** \_\_\_\_\_

**PLAN SELECTED:** \_\_\_\_\_

**NUMBER OF WEEKS:** \_\_\_\_\_

**AMOUNT OF DEPOSIT:** \_\_\_\_\_