



WATCHUNG RECREATION SUMMER CAMP PROGRAM

NOW OPEN FOR REGISTRATION

EARLY BIRD DISCOUNTS UNTIL APRIL 30TH

FOR WATCHUNG RESIDENTS ONLY

(OPEN TO WARREN, GREEN BROOK & LONG HILL, MAY 1ST)

PROGRAM WILL BE HELD @

THE BROOK HILL SWIM & TENNIS CLUB

18 DRIFT ROAD, WATCHUNG

8 WEEK PROGRAM 6/26 – 8/18

FULL DAY RAIN OR SHINE!

SWIMMING DAILY

WEEKLY TRIPS & PIZZA DAY INCLUDED

BEFORE & AFTERCARE AVAILABLE

SPACE WILL BE LIMITED

Open for ages 5 – 13yrs.



WATCHUNG BOROUGH SUMMER CAMP REGISTRATION

PRINT Name of Child: _____			

Grade:	Age:	Home Phone:	

PRINT Parent/Legal Guardian Name: _____			Cell Phone:
Work Phone:		Email Address:	

Address:	City:	State:	Zip:

Contact:	Home Phone:	Cell Phone:	

Medical/Physical Limitations or Conditions:			

PICK UP PERMISSION (The following persons have my permission to pick up my child)			

Name:	Address:	Cell Phone:	

Name:	Address:	Cell Phone:	

Parent/Guardian Signature:		Date:	
_____		_____	

PLEASE CHECK BOX FOR EACH WEEK YOU WOULD LIKE TO REGISTER YOUR CHILD FOR THE SUMMER PROGRAM

TRIPS TO BE DETERMINED

6/26/17 – 6/30/17 Week 1 []	7/24/17 -7/28/17 Week 5 []
7/03/17 – 7/07/17 Week 2 []	7/31/17 - 8/04/17 Week 6 []
7/10/17 - 7/14/17 Week 3 []	8/07/17 - 8/11/17 Week 7 []
7/17/17 – 7/21/17 Week 4 []	8/14/17 – 8/18/17 Week 8 []

TRIPS, BUS AND SWIMMING POOL PERMISSION

ACKNOWLEDGEMENT OF RISK – WAIVER & RELEASE OF ALL CLAIMS

I **GIVE** permission to have my child transported by bus from the Watchung Recreation Summer Camp program to the Sunburst Gymnastic facility in Union, NJ in the event of inclement weather and to the location designated for the trip that is scheduled the week my child is registered in the Summer Camp program, including the Movie theatre or Bowling Alley during a rain event from Sunburst Gymnastics.

I certify that my child's current physical condition is satisfactory for participating in the Summer Camp Program and Trips. 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 Camp Program and trips. I understand that insurance will not be provided by or through Watchung Borough for my child. "Participation in these activities is at the Watchung Borough 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 Borough of Watchung, 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.

DISCIPLINE POLICY ACKNOWLEDGEMENT

Parent/Guardian Signature _____ **Date** _____

WATCHUNG RECREATION SUMMER CAMP

PROGRAM INFORMATION

The Borough is running an 8 week program at: Brook Hill Swim Club, 18 Drift Rd., Watchung

The program will run from 6/26/17 thru 8/18/17 from 9:00 am to 4:00 pm, Monday – Friday with an early care and late care option .

Costs for the program are as follows:

Summer Camp Program Registration	\$250.00 (Per Child/Per Week)
Early Registration (Registrations Received By April 30 th)	\$25.00 (Discount)
When July 4 th (Holiday) falls on a Monday – Friday	\$50.00 (Weekly Discount)
Brook Hill Member Discount	\$35.00 (Per Child/Per Week)
Summer Camp Program Early Care (8:00am – 9:00am)	\$50.00 (Per Week)
Summer Camp Program Late Care (4:00pm – 5:00pm)	\$50.00 (Per Week)

THE BOROUGH RESERVES THE RIGHT TO HOLD A NO-REFUND POLICY

The program will include all other costs including trips!

Activities Include; Trips, Swimming, Tennis, Bocci Ball, Wall Ball, Basketball, Volley Ball, Ping Pong, Knock Hockey, Group Games, Playground, Crafts, etc.

- Campers may be dropped off not earlier than 8:00am and picked up no later than 4:00pm unless they are registered for the early and/or late care option.
- Campers **MUST** bring their own lunch
- Morning and Afternoon Snacks will be provided
- Trips will be offered once per week on a Friday, including transportation w/the exception of a trip to the Somerset Patriots game which will be held on a Wednesday.
- All campers must wear sneaker, shorts/pants and bring bathing suits, towels and sunscreen
- Bathing suits can be worn under clothes and sandals can be worn for trips to any water park
- Children will be grouped by age and supervised with no more than a 6/1 student to staff ratio
- Pizza and juice will be included for lunch every Wednesday
- Parents must sign-in upon arrival and sign-out upon departure
- All camp forms and payments must be in order prior to your child's camp session
- Brook Hill members must supply a copy of their membership card for the discount
- In the case of inclement weather the campers will be transported by bus from Brook Hill Swim Club to the Sunburst Gymnastics facility in Union, NJ where they will have access to the equipment, supervised by the camp staff along with the staff at Sunburst and a trip will be scheduled to see a Movies or go Bowling to break up the day. The bus will return to the Swim Club by 4:00 pm for parent pick up. A large tent will be provided for shade, rain or shine as the drop off and pick up point.

This camp will be run with the utmost of safety in mind. The pool opens at noon so camp activities will be run outside of the pool area until then and when children are in the pool area lifeguards will be on duty. Staff will be trained for CPR and First Aid. All parent will be required to supply Medical Treatment Authorization forms in the case of an emergency.

WATCHUNG RECREATION SUMMER CAMP

Parent Release Form

Medical Treatment Authorization

I, _____ (parent or guardian) hereby authorize the treatment of my child _____ by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the emergency contact.

Child's Name: _____ Date of Birth: _____

Address: _____

Primary Phone # _____ Alternate Phone # _____

Family Physician: _____ Physician's Phone # _____

Date of Last Tetanus Shot _____

[] I certify that my child's immunizations are up to date. *If your child does not get immunizations please add a letter stating that you are exempt from getting immunizations.*

Allergies, chronic illnesses, other medical conditions, prescription medications or special needs that medical personnel should be aware of. This information will be kept completely confidential. (use back of form if necessary)

Emergency Contact Person _____ Phone # _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances.

Parent/Guardian Signature _____ Date _____

Brook Hill Swim Club Pool Permission [] I grant my child permission to use the pool
[] My child can swim [] My child cannot swim

Parent/Guardian Signature _____ Date _____

Discipline Policy [] I read and understand the discipline policy

Parent/Guardian Signature _____ Date _____

Custody Information; If there has been a custody decision please list the name of the persons **NOT** permitted to pick up the child. (Please provide documentation, which will be kept confidential)

WATCHUNG RECREATION SUMMER CAMP

DISCIPLINE POLICY

Objective: The objective of this Discipline Policy is to help ensure a safe environment for the staff and participants involved in the Summer Camp program. The supervisor of the program is responsible for monitoring acceptable behavior among participants. Any form of harassment or bullying will not be accepted. Some examples of unacceptable behavior include name calling, explicit language, the use of physical force, and inappropriate use of equipment.

1st Offense: A discipline report will be filed by the supervisor of the program. In addition, the participant who is being disciplined will fill out a form describing how their actions affected their safety or the safety of another participant. The parent/guardian will be notified of the infraction by the Camp Director. The parent/guardian, will also be notified that next offense will result in suspension from the program.

2nd Offense: Discipline Reports, telephone call to Parent/Guardian, suspension from the program for a day or for the remainder of the program.

*Each offense will be looked at case by case depending upon the circumstances and the severity of the infraction.

NOTE: If severity of discipline problem warrants, participant may be removed from the program at any time.

A copy of all reports shall be filed with the Borough Administration.

It is understood that the parent/guardian agrees and will talk to their child about what type of behavior is required to participate in a Watchung Recreation program. Please explain and encourage your child to report any unsafe behavior to their adult supervisor.

WATCHUNG RECREATION SUMMER CAMP

EPINEPHRINE POLICY

**** * * ONLY TO BE COMPLETED IF YOUR CHILD USES AN EpiPen * * ****

The administrative policy of the Watchung Borough Recreation Department requires the following from those participants that require the use of an epinephrine auto-injector to treat anaphylaxis:

- Written authorization (form attached) from the parent or guardian of the participant for the administration of an epinephrine auto-injector device.
- Written orders from the prescriber (physician) that the participant requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.
- Written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for the participant.
- A signed statement (form attached) acknowledging the parent or guardian's understanding that if the specified procedures are followed, the Borough of Watchung shall have no liability.
- Medication must be sent with the participant to the program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with the participant's name.

Contact the Watchung Recreation Department at (908)756-0080 Ext. 210 with questions.

AUTHORIZATION FORM BELOW

Watchung Recreation Anaphylaxis Treatment Plan

Child's Name: _____ DOB: _____ Allergic to: _____

1. I authorize my child to self-administer epinephrine.

1. _____
YES (PARENT/GUARDIAN SIGNATURE)

I will provide my child and the camp with **TWO auto-injector epinephrine units**
And/ or oral meds and all forms.

My child will **"Self Carry"** the epinephrine & 1 dose of oral medication at all times.

The camp has an Adult Delegate who can administer the Auto-injector Epinephrine ONLY if needed.

My child is capable and has been instructed by their physician in the proper method of self-administering the epinephrine and/ or antihistamines named above in accordance with NJ Law (N.J.S.A. 18A:40-12.3).

2. I **do NOT authorize my child to self-administer epinephrine.**

2. _____
YES (PARENT/GUARDIAN SIGNATURE)

My child will **NOT self-carry** Auto-injector epinephrine or other medications.

I will provide the camp with **at least TWO Auto-injector Epinephrine** and/ or oral medications and physician orders.

The camp has a trained Adult Delegate who can administer the Auto-injector Epinephrine during camp hours.

3. My child has allergies, but is **NOT anaphylactic.**

3. _____
YES (PARENT/GUARDIAN SIGNATURE)

Only Antihistamines and/or steroids will be provided with physicians orders.

4. My child **does NOT require medical treatment for allergies.**

4. _____
YES (PARENT/GUARDIAN SIGNATURE)

I acknowledge that if the procedures specified in the "Training Standards for the Administration of Epinephrine via Auto-Injectors" are followed, the township shall not have any liability as a result of any injury arising from the administration of a pre-filled, auto- injector mechanism containing epinephrine to the child. The parents or guardians shall indemnify and hold harmless the township and its employees or agents against any claims arising out of the administration of a pre-filled, auto-injector mechanism containing epinephrine to the camper.

Signature of Parent/ Guardian

Print Name of Parent/ Guardian

Date

Signature of Physician

Print Name of Parent/ Guardian

Date