

HIGH BRIDGE

Summer Recreation Program



2009 REGISTRATION FORM

The Summer Recreation Program welcomes High Bridge children who have completed grades K-6. The program will run from 9:00 a.m.-12:00 p.m. The program will be held July 6 - July 17. Enroll your child or children for one session or both weeks. The program will be located at High Bridge Elementary School. Please provide a healthy snack and we will provide a drink.

Registration Fee: One Week \$50 Both Sessions \$80
Make check payable to High Bridge Recreation Committee

Program Highlights: Supervised by three certified teachers; sports activities hour craft time; special programs; rain or shine program.

Please check:

I'd like to be a parent volunteer. (One full day or one hour) Parent Name _____

Session I, July 6-10 Session II, July 13-17 Both Sessions

1st Child's name _____ Grade in the fall: _____ Date of Birth _____

2nd Child's name _____ Grade in the fall: _____ Date of Birth _____

3rd Child's name _____ Grade in the fall: _____ Date of Birth _____

Address: _____ Home #: _____

Parent's names: _____ E-mail address*: _____

Parent emergency number: _____ Cell #: _____

Please list someone who will assume temporary care of your child if you cannot be reached.

Name: _____ Home #: _____ Cell #: _____

Has the child been advised by a doctor against participating in physical activities? YES NO

If yes, please explain:

Is your child under a doctor's care? Y N Reason: _____

Is your child on medication? Y N List reason and medication:

Does your child have any allergies? Y N List allergy:

Will your child be walking to/from the program? Y N

Will a parent drop off & pick up? Y N

A NOTE WILL BE REQUIRED IF ANYONE OTHER THAN A PARENT WILL PICK UP.

Physicians name: _____ Phone #: _____



I hereby allow consent for my child to participate in the HB Summer Recreation program which is sponsored by the High Bridge Recreation Committee and the Town of High Bridge. I acknowledge and understand that even with supervision and observance of rules, injuries or accidents may occur. In case of injury, accident or serious illness, I request the program director to contact me. If I am unable to be reached, I hereby authorize the program director to contact the physician listed above and follow their instructions. If it is not possible to contact the physician, the program director is authorized to obtain any necessary medical attention that is needed.

Signature: _____ Date: _____

*Email will be used to inform parents of any schedule changes due to weather during the program. Any emails sent will include the heading of **HB Summer Rec.**

The attached disclaimer must also be returned in order for you child/children to attend the HBSR program. This a Board of Ed. Requirement.

Signature of Parent _____ Date _____

PLEASE SEND COMPLETED FORMS AND PAYMENT BY June 19, 2009, to: High Bridge Recreation Committee, 71 Main Street, High Bridge NJ. Please make checks payable to High Bridge Recreation Committee. A late fee of \$10 will be charged for registrations received after June 19th.

PHOTO RELEASE: Photographs may be taken during the HB Summer Recreation Program. These photographs may be used in future brochures, slide programs, bulletin board displays, newsletters and local newspapers.

- I allow my child to be photographed and identified by name during the program.
- I allow my child to be photographed, but not identified by name during the program.
- I do not wish my child to be photographed.
- I hereby grant permission for the use of my child's photograph in a slide presentation, brochure, newsletter, or any other publication.

Signature Date

I DO NOT grant my permission for the use of my child's photograph in a slide presentation, brochure, newsletter, or any other publication.

Signature Date

High Bridge Use of Facility Release/Disclaimer

1. I acknowledge that I am in good health and physically capable of performing any activity to which I partake as part of the High Bridge Use of Facility after school programs. I understand that the High Bridge Board of Education is relying on this statement in allowing me to participate in any program at both schools.
2. I further acknowledge that I understand that there is an inherent risk of the activities in which I will participate and I voluntarily assume all risks associated therewith. I further agree to hold the Board of Education and it's employees harmless for any and all injuries and/or damages which I may incur as a result of my activities in the Program and waive my right to sue the High Bridge Board of Education for any such injuries and/or damages except where the injuries or damages are primarily caused by the negligence or wrong acts of the High Bridge Board of Education.
3. I understand and agree to the terms of this release/disclaimer.

Witnessed By Program Participant Signature

Dated Program Participant Printed Name

Ck \$ Grade Session