

ROBBINSVILLE TOWNSHIP SUMMER CAMP 2010

REGISTRATION FORM

One registration form per person. This form may be duplicated.

NOTE: A non-refundable deposit of \$30 is required for each child per week.

Make checks payable to "Robbinsville Township Recreation"

Mail to: Robbinsville Twp. Recreation Division, 1 Washington Blvd., Suite 14, Robbinsville, NJ 08691

For a swim lessons registration form, please contact our office.

ENROLLMENT - PLEASE CHECK YOUR SELECTIONS:

	WEEK 1 6/28-7/2	WEEK 2 7/5-7/9	WEEK 3 7/12-7/16	WEEK 4 7/19-7/23	WEEK 5 7/26-7/30	WEEK 6 8/2-8/6	WEEK 7 8/9-8/13
REC CAMP							
SPORTS CAMP							

TOTAL AMOUNT ENCLOSED \$ _____

Please Print

M F Child's Last Name _____ First Name _____ Grade entering in Sept. '10 _____

Home Phone _____ Age _____ D/O/B _____ School _____

Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Work Phone _____ Cell _____

Father's Name _____ Work Phone _____ Cell _____

Email (required for future correspondence) _____

Is your child registered for extended care provided by S.A.F.E.? Yes No

If, yes, please check one: Pre-camp Only Post-camp Only Both

Shirt Size Youth: Medium Large Adult: Small Medium Large XL

PAYMENT POLICY

A non-refundable deposit of **\$30/child** per week is required to hold a space for each child. If registering for more than one week, you must submit a deposit for each week. The balance due after deposit must be paid in full by **June 7, 2010**. Failure to pay your balance due by June 1 may result in the loss of your space in a camp week. Make checks payable to "Robbinsville Township Recreation." Enrollment per week will be limited, so please register early. No discounts apply to non-resident registrations. A \$20.00 transfer fee per week/per child will be charged for all week to week schedule changes after June 7th.

REFUND POLICY

No refunds will be issued after June 1, 2010. Refunds will only be issued if the Robbinsville Township Recreation Division is notified in writing prior to June 1, 2010. All refunds will be paid via purchase order. All registration deposits are non-refundable.

PARENT AND/OR LEGAL GUARDIAN AUTHORIZATION/WAIVER

I give my permission for the minor named above to participate in all normal and usual activities associated with the Robbinsville Township Summer Camp. In the event of an emergency, accident or injury which occurs while this minor is participating in this program and I am not present, I hereby give my permission for the adult representative of the Robbinsville Township Recreation Division to secure whatever medical or hospital care that may be necessary and agree to be financially responsible for such care. I further hold the Township of Robbinsville Township, its employees, representatives, organizers and sponsors harmless from and indemnify them against any liability or loss incurred in connection with any injury to or as a result of any treatment rendered pursuant to the permission to participate for the minor above. I also authorize the Robbinsville Township Recreation Division to use any photographs, video tapes, or recordings of the child named above as may be needed for public relations purposes. I have read, fully understand and accept the Payment and Refund Policies.

Parent/Guardian Print Name _____

Signature _____ Date _____

(For office use)

Dep. Paid \$ _____ Check# _____ Date _____ Bal. Paid \$ _____ Check# _____ Date _____