

TOWNSHIP OF SADDLE BROOK RECREATION

2018 SUMMER PROGRAM

FOR CHILDREN ENTERING 5TH-8TH GRADE

This is a structured program offering sports and recreation activities under the supervision of adult directors with college and high school counselors.

LOCATION: Veteran's Field, Field house, and Trailer 20 Sampson St. Saddle Brook, NJ

WHO IS ELIGIBLE: Children entering Fifth through Eighth grade in
September 2018. **Saddle Brook Residents Only**

DATES OF PROGRAM: Monday July 9 – Friday August 3

TIME: 9:00 AM – 12:00 PM Monday through Friday

FEE: \$150 per participant (Fee cannot be pro-rated)

Registration includes one Saddle Brook Recreation t-shirt.

Additional shirts may be ordered at the Recreation Office (20 Sampson St.)

DEADLINE FOR REGISTRATION: Friday June 22, 2018

PLEASE COMPLETE ATTACHED REGISTRATION FORM

MAKE CHECKS PAYABLE TO: Township of Saddle Brook

MAIL FORM AND PAYMENT: Saddle Brook Recreation Department
93 Market Street
Saddle Brook, NJ 07663

OPTIONAL: Register in person at Recreation Office 20 Sampson St. Trailer
Monday – Friday 9:00 AM – 12:00 PM and 1:00 PM – 4:00 PM

FOR ADDITIONAL INFORMATION: Contact Recreation Director Andrew Gallo
Sbrec@saddlebrooknj.gov

SADDLE BROOK SUMMER PROGRAM

REGISTRATION AND HEALTH HISTORY FORM (PLEASE PRINT ALL INFORMATION)

Child's Name: _____ Birthdate __ / __ / __ Sex ____ Age ____

Grade Entering in September 2018: _____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Saddle Brook Recreation T-Shirt size: (One included in registration) Circle One:

Child Small Child Medium Child Large Adult Small Adult Medium Adult Large

If I am not available in an emergency, the following contacts have my permission to respond:

1. Name _____ Phone _____

Relationship to child _____

2. Name _____ Phone _____

Relationship to child _____

Family Doctor: _____ Phone _____

If your child has allergies that could affect participation in this program please list

List any restricted activities or health problems that could affect participation

List any medication taken by your child that would affect the ability to participate in some of the activities

Health History (Please list approximate dates if appropriate)

Ear Infections_____ Convulsions_____ Chicken Pox_____

Hypertension_____ Measles_____ Mumps_____

Mononucleosis_____ German Measles_____ Diabetes_____

Epilepsy_____ Other_____

Bleeding/Clotting Disorders_____ Heart Defect/Disease_____

Any health related information provided on this form will be kept confidential, unless it is deemed necessary by the supervisory staff to release such information. This form will be kept in the Recreation Office.

BOTH STATEMENTS BELOW MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN:

I, the parent or guardian of the above named child, who is a candidate for the Saddle Brook Recreation run program, do hereby give my approval to his/her participation in any and all of the activities of the group of the Summer Program. I certify that my child is in adequate physical condition to participate in any and all activities of his/her group and that the Saddle Brook Recreation Department will rely upon my statement to this effect in admitting my child to the Summer Program. I do assume all risks and hazards to the conduct of the activities and do further hereby release and absolve, indemnify and hold harmless, the Township of Saddle Brook, the Recreation Department, the Supervisors and Counselors, any and all of them. I understand that if my child uses foul language, strikes another child, is involved in a group altercation or displays behavior that is judged inappropriate, he/she will be suspended from the program. If suspended, he/she will not be allowed to attend the Summer Program for a pre-determined number of days regardless of the schedule.

Signature of Parent or Guardian _____ Date _____

I, being the parent of legal guardian of (print) _____ hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above-named child should require such attention during the Summer Program.

Signature of Parent or Guardian _____ Date _____