

## Town of Kearny RECREATION DEPARTMENT

Town Hall - 402 Kearny Avenue Kearny, New Jersey 07032 Telephone: (201) 955-7983 Fax: (201) 955-2379

## SUMMER PLAYGROUND PROGRAM REGISTRATION FORM

Program registration begins on May 13, 2013 and ends on June 14, 2013

Registration Location: Kearny Recreation Department Registrations are limited to a first come, first serve basis.

Program Location: Franklin School Gymnasiums

Weekly fee per child: \$110.00 - Payment in full due at time of registration.

Playground program begins on Monday, June 24, 2013 and ends on Friday, August 16, 2013

9:00 a.m. to 4:00 p.m.

Ages 6 to 13 are eligible.

## ALL ACTIVITIES AND TRIPS ARE INCLUDED



TRIPS

Bronx Zoo, Medieval Times, Six Flags Hurricane Harbor, Camelbeach Water Park, Liberty Basketball Game and Fun Plex

Name	Address		Boy or Girl (circle one)	
Date of Birth	AgeSchool	Grade	Email:	
Home Phone	Cell Number:	Emergency Numb	per	
Contact Person	Health Insurance Carrier	Policy	Policy No	
Please provide us with any medical or allergy information necessary:				
Must select all weeks your child will be attending. Payment must be in full and no refunds will be given after registrations have concluded.				
June 24 to June 28	July 1 to July 5 (\$100.00) (No Camp on July 4)	July 8 to July 12	July 15 to July 19	
July 22 to July 26	July 29 to August 2	August 5 to August 9	August 12 to August 16	
Has your child ever participated in a Kearny Recreation Program: Yes or No (Circle One)				
Please read and sign below:  I/We the parents/guardians of the above named child do hereby give my/our approval to his/her participation in any and all activities.  I/We do assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities: and do further hereby release, absolve, indemnify and hold harmless the Town of Kearny and the organizers, sponsors, and supervisors: any or all of them. In case of injury, to my/our child I/We waived all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/we will furnish his/her certificate upon request.				
Signature		Date		
(Parent or Guardian) FOR OFFICE USE ONLY:				
Registered By:	Date:	Fee:Check/Cash/N	MO (circle one)	