

**2020 NORTH PLAINFIELD RECREATION SUMMER PLAYGROUND REGISTRATION FORM
PLAYGROUND IS LOCATED AT GREEN ACRES PARK (WEATHER PERMITTING)**

Last Name	First Name	Sex: Male	Female
Playground Site <input type="checkbox"/> Green Acres Park			
Camper's DOB			
Parents Name		Email Contact	
Parents Name		Email Contact	
Initial Contact Phone	Name	Relationship	
Secondary Contact Phone	Name	Relationship	
Street Address			
City	State	Zip	Home Phone

Emergency Contact Info

Name	Relationship	Number

Pick- Up Instructions-

Pick Up Person	Relationship	Number

Medical Information

Please complete the following. Withholding relevant Physical, Emotional or Mental health history may result in exclusion from camp, including all known conditions such as ADD/ ADHD. A camper whose presence poses a containing danger to persons or property and/or is an ongoing threat of disrupting the camp experience for others, will be excluded from activities and expelled from camp.

Check only those that apply.

	My child's immunizations are up to date and current according to school records
	My Child is currently under physicians care for:
	My child is taking the current medication:
	My child is allergic to the following:
	My child has a severe allergy that could result in death
	My Child has an epi-pen
	My child suffers from asthma or other breathing conditions
	My child carries an inhaler
	My child has difficulty handling anger
	Describe anything else that we should know that could impede your child's camp experience:

Initials	ACKNOWLEDGEMENT OF RISK – WAIVER & RELEASE OF ALL CLAIMS
	Medical If an emergency illness or injury occurs, I parent/ guardian hereby authorize North Plainfield Recreation to treat and/ or send this person to a physician or hospital and authorize the necessary treatment. I understand prudent attempts will be made to contact undersigned immediately. I understand that I will be responsible for payment of all medical bills. Each participant will be covered under his or her family's medical policy. It is recommended that families have insurance before the child participates. I also understand that anyone affiliated with this program is not authorized to administer any type of oral medication to my child (i.e. aspirin, cough medication, etc.).
	Media I give permission for the above named child to be photographed/ videotaped during this playground season by a representative of North Plainfield Recreation. I understand that photos and video material will be used for camp activity and promotional purposes ONLY. No compensation will be offered to the child or family.
	Health I certify that my child's current physical condition is satisfactory for participating in the Summer Playground Program. 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 playground Program. I understand that insurance will not be provided by or through North Plainfield for my child. Participation in these activities is at the North Plainfield Recreation Director(s) sole and absolute approval and the Director(s) 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 town of North Plainfield, 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.
	Personal/Borough Property The North Plainfield Recreation Department and Summer Supervisors are not responsible for lost, stolen or damaged personal articles of the participants. I agree to hold harmless the Borough of North Plainfield, N. Plainfield Recreation Department and Summer Supervisors, its volunteers, elected officials and employees from any and all claims for liability, losses and damages, irrespective of any negligent act or omission by the above named and or those individuals arising from or related in any way to this camp program. I take full responsibility for borough property damaged by my child.
	Blanket Summer Participation Agreement I approve this registration and certify that my child is capable of such an experience. I grant permission for my child to participate in all planned playground activities on-site and off-site. This includes activities led by outside vendors and bus trips.

By signing below, I acknowledge and agree that I filled out this form truthfully and to the best of my knowledge. I agree to abide by the N. Plainfield Recreation Summer Playgrounds policies and procedures for the best interest and safety of my child and other Borough participants.

Parent/Guardian Signature

Date

Do Not Write Below This Line --- Office Use Only:

Date Paid: _____ / _____ / _____

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
Amount:	Check #	M.O. #:
Receipt #:	(Is Phone Number on check?)	Receipt #:

Checks and money orders should be made payable to "NP REC".

Initials of person processing registration and taking money: _____