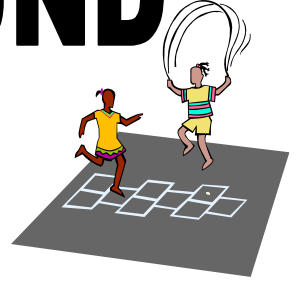
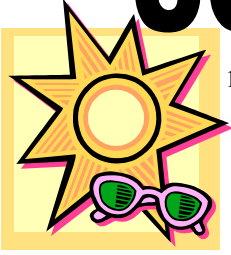


# SUMMER PLAYGROUND

Middlesex Recreation Department

1200 Mountain Ave., Middlesex, NJ 08846 • (732) 356-7400 X277 • recreation@middlesexboro-nj.gov



Online Registration: [www.middlesexboro-nj.gov](http://www.middlesexboro-nj.gov)

WHO: Children currently in grades K-5

WHEN: Monday - Friday, 9AM-Noon, June 27th–August 5th

ENTIRE SUMMER FEE: \$225 per child

OR

WEEKLY FEE: \$50 per week per child

Summer Playground is for children who want to have fun and for parents who want some structure to the summer! Children will bring home a schedule of activities including arts and crafts, sporting events, games, science experiments and other educational activities, free play and themed days. Our Mtn View Park site will have a staff to camper ratio of 1:8. No refunds will be issued after June 17, 2022. You will receive a confirmation letter with camp rules and regulations after the deadline has passed. To register please use ink, print legibly, complete the following information and return to the Recreation Dept. with payment.

Registration MUST be done online or by mail.

Program is open to Middlesex Borough residents ONLY.

**DEADLINE TO REGISTER IS June 10, 2022.**

(please check off) FULL SUMMER: \_\_\_\_\_ WEEKS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

All late applicants shall be charged an additional \$20.00 late fee in addition to the registration fee.

Late applicants shall be considered if space is available, but shall not be considered more than two weeks after the deadline.

Any eligible reimbursement shall be subject to a 10%



PLEASE CIRCLE:

Please circle the appropriate size shirt for your child (Y=youth, A=adult):



YS YM YL AS AM AL AXL

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed in 2022 \_\_\_\_\_

ADDRESS \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**EMERGENCY TREATMENT RELEASE:** Dates during which release is granted - FROM: June 27, 2020 TO: August 5, 2020

TO WHOM IT MAY CONCERN: As a parent and/or guardian of the child named above, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

**Parent(s)/Guardian Info:**

Parent name \_\_\_\_\_ address (if different than above) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent name \_\_\_\_\_ address (if different than above) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Contact email: \_\_\_\_\_

**Other contact in case of emergency (REQUIRED):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ H / W / C Relation to child \_\_\_\_\_

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of (attach or use back if necessary) \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all information provided is correct and factual. If information is found to be false I understand that my child will be expelled from the program without reimbursement of fees paid.

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_