



Borough of Red Bank
 Department of Parks and Recreation
 90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



Child's Last Name

Child's First Name

Street Address

Parent/Guardian Name

City, State, Zip Code

T-Shirt Size

Phone Number (home)

Parents Email

Dates	Resident	Non- Resident	Total
Week One (July 13 – July 17)	\$100	\$150	
Week Two (July 20 – July 24)	\$100	\$150	
Week Three (July 27 – July 31)	\$100	\$150	
Week Four (August 3 – August 7)	\$100	\$150	
Week Five (August 10 - 14)	\$100	\$150	
			\$

***** Spaces are Limited****

Non Residents Registration Begins on July 6, 2020 and payment in full is due upon registration.

I understand that if I have not paid my child's balance in full by the due date, my child's enrollment is subject to cancellation.

Registration for Red Bank Recreation programs are made upon the condition that the parent or responsible guardian assumes all risks and hazards incidental to a child's participation and waives, releases, absolves, indemnifies, and holds harmless the Borough of Red Bank, Department of Parks and Recreation, Red Bank Board of Education and all of their agents and employees in their professional and personal capacities from any claim. By submitting this application, I certify that I am the parent/guardian of the child listed above and give permission for him/her to participate in the programs selected. I further acknowledge that participants agree to adhere to the Code of Conduct which can be found on the Borough website. I confirm the camper is in good physical condition and does not have medical issues that could be aggravated by their participation. In case of a medical emergency, I give permission for treatment by a hospital or physician. **I accept that no refunds will be issued.** Payment arrangements and financial assistance are available upon request and approval.

Signature _____ Date _____



Borough of Red Bank

Department of Parks and Recreation
90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



Child Information Sheet

Please print **clearly** first and last names and phone numbers with area codes:

Child _____ Birth Date _____ Male or Female (Circle) Grade Entering ____
Home Address _____ Home Phone _____
Mother _____ Cell Phone _____ Work # _____
Father _____ Cell Phone _____ Work # _____

School child is attending: _____

(If there has been a custody decision, please list the name, or names, of persons **NOT PERMITTED** to pick up your child from the program). _____

Please list two neighbors or relatives who will pick up, if necessary, and assume responsibility for the care of your child in case of an emergency.

1. _____ Address _____ Phone _____
2. _____ Address _____ Phone _____

Family Doctor _____ Address _____ Phone _____

Does your child have allergies? (Such as penicillin, insect bites, food, dust, pollen, other) Yes _____ No _____ If yes, please explain: _____

Does your child take medication? Yes ___ No ___ Please explain _____

Date of last tetanus shot _____ Has your child had chickenpox? Yes ___ No ___

Describe any medical conditions that would preclude your child from participating in certain activities. _____

If there is a change in the above information, I will notify the Recreation Department promptly in writing.

Signature of Parent/Guardian _____ Date: _____



Borough of Red Bank

Department of Parks and Recreation
90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



Parent Waiver Form

Please review and complete the form below to comply with the measurements taken by the Red Bank Summer Camp in relation to COVID-19 Guidelines.

Parent/Guardian Name:	
Home Address (Street, Town, State, ZIP):	
Primary Contact Number:	
Secondary Contact Number:	
Email Address:	
Camper Full Name(s):	
Date of Birth:	
Allergies or Medical Condition:	

Questionnaire: The following questions must be answered Yes or No. Please check "Y" for yes and "N" for no. All "No" answers must be followed by a detailed explanation

<input type="checkbox"/> Y <input type="checkbox"/> N	I confirm that my child does NOT have COVID-19 and has NOT been in contact with COVID-19 patient recently?
	My child will follow all COVID-19 Summer Camp standards, policies and procedures listed here:
<input type="checkbox"/> Y <input type="checkbox"/> N	Appropriate social distancing and/or face coverings
<input type="checkbox"/> Y <input type="checkbox"/> N	Hygiene practice, i.e. hand washing and face touching
<input type="checkbox"/> Y <input type="checkbox"/> N	Follow all cleaning and disinfection protocols as addressed by the camp staff
<input type="checkbox"/> Y <input type="checkbox"/> N	Comply with all other public health prevention strategies such as but not limited to: cohort groups of campers, staggering of arrival/dismissal, isolation of campers and staff, signs, PPE's, daily health surveillance, temperature screening at entry
<input type="checkbox"/> Y <input type="checkbox"/> N	I reviewed and signed the Assumption of Risk Form . (please see attached in this packet)
<input type="checkbox"/> Y <input type="checkbox"/> N	I understand that due to the limitation about indoor allocations, in the event of rain or extreme heat, our camp might get cancelled for the day.

Please explain any "No" responses in the space below. Attach additional sheets if necessary:

ATTESTATION: I certify that the information is true and to the best of my knowledge. I have read and will comply with the COVID-19 Youth Day Camp Standards policies and procedures. My submission of this form constitutes an attestation of compliance with the COVID-19 Summer Camp standards, policies and procedures.

Signature _____ Date _____

A COPY OF THIS COMPLETED FORM MUST BE MAINTAINED ONSITE



Borough of Red Bank
Department of Parks and Recreation
90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



Rainy Day Procedure

Hello Parents,

Due to the regulations related to social distancing and indoor restrictions, we may be unable to provide an indoor location for us to help a camp in the event of rain. That being the case, we may will be cancelling camp for that day.

In the event that considerable rain and storms are heading our way on a day of camp will be canceled that day. An email and Remind101 alert will be sent out in the morning.

There may also be times that an unexpected storm comes in. If the weather looks like it will be of considerable length we will send an email blast and Remind101 alert to have your child picked up.

If you have any questions or special transportation needs please don't hesitate to reach out to the office.

Here is to hoping for days full of sunshine ☺.

Sincerely,

Recreation Summer Camp
90 Monmouth St.
Red Bank, NJ07701
732-530-2782
Recreation@redbanknj.org



Borough of Red Bank
 Department of Parks and Recreation
 90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



UNESCORTED DISMISSAL AUTHORIZATION

My Child is ten years of age or older and may go home without an escort at the end of the day.

Camper Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Contact Telephone No: _____

If you have any questions at all, please do not hesitate to call.

Recreation Summer Camp
 90 Monmouth St.
 Red Bank, NJ07701
 Office: 732-530-2782



Borough of Red Bank

Department of Parks and Recreation
90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



Camper Behavior/Dismissal Policy

Hello Parents,

The Camp Dismissal Policy states that if the camper fails to abide by the Camper Code of Conduct, the camper’s parent/guardian will be notified by phone and asked to assist in helping their camper make more positive behavior decisions. **Strict procedures to comply with COVID-19 Standards will be enforced at all times.** If the camper’s behavior does not improve the camper is subject to dismissal for failing to abide by the policy. We understand that if the camper is dismissed for violation of these rules, he/she is not entitled to and will not receive any refund.

We hereby certify that we have read and are familiar with the Red Bank Summer Camp Behavior and Dismissal Policy. We further understand and agree that the camper is subject to the Camp Behavior Policy while attending the camp program of the Red Bank parks and Recreation Department.

Camper Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

If you have any questions at all, please do not hesitate to call.

Recreation Summer Camp
90 Monmouth St.
Red Bank, NJ07701
Office: 732-530-2782
Recreation@redbanknj.org



Borough of Red Bank
 Department of Parks and Recreation
 90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782



Authorized to Pick Up

Below please provide information on who is designated and authorized to pick up your child from Red Bank Borough summer camp programming. Please print the name of each adult designated and a contact number for them. Authorized adults may be asked to show ID upon pick up. If they cannot provide ID the camper will not be released to them.

Thank you,

Recreation Summer Camp
 90 Monmouth Street
 Red Bank, NJ 07701

The following adults are authorized to pick up my son/daughter _____ from Red Bank Borough Summer Camp. I understand that any changes or additions must be submitted in writing.

Parent/Guardian Signature

Date

Authorized to pick up

Contact Phone Number

Authorized to pick up

Contact Phone Number

Authorized to pick up

Contact Phone Number

Authorized to pick up

Contact Phone Number



Borough of Red Bank

Department of Parks and Recreation
90 Monmouth Street, Red Bank New Jersey 07701
Recreation@redbanknj.org | 732.530.2782

Summer Camp 2020 Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____,
I hereby give permission for my child to attend the summer camp at Red Bank Parks and Recreation. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending summer camp at Red Bank Recreation. I acknowledge that my child’s participation in this program is wholly voluntary.

I specifically assume all risks and hazards associated with my child’s participation in the camp including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child’s participation in the camp. Although the children and staff may have their temperatures taken upon entering the camp, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household. While instruction and reasonable supervision will be provided, camp staff cannot ensure my child’s safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the camp, which may not have a medical professional on staff. I will notify the Recreation Office and not send my child to the camp if my child develops a fever or illness or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the Borough of Red Bank, The Recreation Department, its insurers, and all of their respective employees, representatives, and volunteers (the “Released Parties”) arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my child’s participation in the camp. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys’ fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in the camp.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____