

# BIRCHES SUMMER CAMP

Get ready to have a lot of fun and make some memories at Birches Summer Camp. Stay active and fit four days a week with your friends and make new friends while playing games designed for all kids to have fun. Some games include 3 on 3 basketball tournaments, kickball, soccer, flag football, cup stacking, rope climbing and many more. This is a great opportunity to improve your game skills, leadership abilities and confidence. Don't miss out on another fun summer at Birches Summer Camp. **All participants are to bring a drink and snack each day. Drop off and pick up by rear gym entrance.**



**Where:** Birches Elementary School (Birches Gym and Playground/Outside Fields)

**When:** June 23 - July 17 2025 (Monday-Thursday 9:00-12:00)

**Cost:** \$180 for the 1<sup>st</sup> child/\$170 each additional family member

**Instructors:** Rick Vogel ([rvogel@wtps.org](mailto:rvogel@wtps.org)), & other certified assistants

**AGES-** 5-12

Washington Township Parks & Recreation  
P.O. Box 1106  
Turnersville, NJ 08012 Phone: 856-589-3227 Fax: 856-589-0529

Date Paid \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_  
Received By: \_\_\_\_\_

## Washington Township Parks & Recreation Program Registration Form

*Please Print*

First	Last	Mo	Day	Yr.	Male	Female
Participant's Name				Birth Date		
Street Address		City		State	Zip	
Email Address		Phone		Emergency Phone		
Emergency Contact Name		School Attending		Grade	Present Age	
Cost	Program Name			Class #		

I/We the parent(s) of the above child hereby give my/our approval for the said child to participate in any and all activities of the Washington Township Recreation Program. I/We assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Washington, its officers, volunteers, coaches and participants from claims for accidents or illnesses arising from participation in the Township of Washington's Recreation Program.

We will furnish a certified birth certificate of the above named participant upon request of any League Official.

I agree to return any issued equipment upon request, or pay the cost of same.

Injuries are inherent to sports; therefore, in the event of an injury, I hereby release the Township of Washington, its officers, volunteers and coaches as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility if there is an injury. If I am not present, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc. All injuries to participants occurring during or to and from any scheduled athletic function must be reported to the Parks & Recreation Office immediately or the accident insurance is voided. 24 hour maximum.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print: Parent or Guardian Name \_\_\_\_\_