

BIRCHES SUMMER CAMP

Imagine having Physical Education during the summer! No more sitting around wondering what to do. Bring your friends and play your favorite cooperative games, sport games, and activities four days a week. You will improve your skills, leadership abilities, and confidence while learning new and exciting games. Challenge your friends in sport tournaments, team games, relay races, and obstacle courses.



Where: Birches Elementary School (Gym and Playground)

Bring a snack and drink daily!

When: June 25- July 19, 2018 (Monday-Thursday 9:00-12:00)

Cost: \$130 for the 1st child/\$120 each additional family member (less than \$2 per hr.)

Instructors: Rick Vogel (rvogel@wtps.org), John Kane (jkane@wtps.org), & other certified assistants

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 _____