

# 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)

Bring a snack and drink daily!

**When:** June 28 - July 22 2021 (Monday-Thursday 9:00-12:00)

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

**Instructors:** Rick Vogel ([rvogel@wtps.org](mailto:rvogel@wtps.org))

Registration forms can be dropped off at the Municipal Building at 523 Egg Harbor Road, Sewell, NJ 08080 or mailed to P.O. Box 1106, Turnersville, NJ 08012.

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**

\_\_\_\_\_  
**Phone** **Emergency Phone** **Emergency Contact Name**

\_\_\_\_\_  
**E-Mail Address** **School Attending** **Grade** **Present Age**

\_\_\_\_\_  
**Cost** **Program Name** **Class #** **Shirt Size (If Applicable)**

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.

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.

***Program location/dates/times may be changed at any time. Classes may be cancelled if enrollment is low. Participants will be notified of such changes prior to the first class. Full refund will be issued if Parks and Recreation cancels the program. Participants canceling from programs (before the start of the program) will be assessed a \$10.00 cancellation fee. All refunds issued can take 4 to 6 weeks. Once a program starts, no refunds will be issued.***

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

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

# COVID-19 DISCLAIMER

\_\_\_\_\_ (participant's name)  
will abide by all health and safety guidelines, recommendations, policies and procedures as established and updated by the New Jersey Department of Health and the Executive Orders of Governor Phil Murphy. The Township of Washington and the School District of Washington Township will not be responsible for any COVID-19 related personal injuries or losses sustained as a result of participation in Washington Township's Parks and Recreation Summer Program.

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(Print Parent/Guardian Name)

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(Signature)