

**PEMBERTON TOWNSHIP RECREATION DEPARTMENT  
CO-ED BASKETBALL CAMP**



**PROGRAM DATES:** MONDAY, JULY 16<sup>TH</sup> - FRIDAY, JULY 20<sup>TH</sup>  
**LOCATION:** PEMBERTON TOWNSHIP HIGH SCHOOL (B GYM)  
**TIMES:** 8AM - 3PM  
(EARLY DROP-OFF AT 7:30AM AVAILABLE FOR AN ADDITIONAL FEE)  
**PARTICIPANTS:** YOUTH ENTERING GRADES 3<sup>RD</sup> - 12<sup>TH</sup> IN SEPTEMBER 2018  
**FEES:** \$85/RESIDENT, \$95/NON-RESIDENT  
*ADDITIONAL \$20/CAMPER - EARLY DROP-OFF FEE*

**PLEASE COMPLETE THE FOLLOWING INFORMATION COMPLETELY & NEATLY**

**CAMPER INFORMATION**

NAME (CAMPER) \_\_\_\_\_ GRADE (AS OF SEPTEMBER 2018) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER (CIRCLE): M F

<b>WILL YOU BE UTILIZING EARLY DROP-OFF AT 7:30am? (CIRCLE):</b>	<b>YES</b>	<b>NO</b>
<i>*THERE IS AN ADDITIONAL FEE OF \$20/CHILD FOR THIS SERVICE</i>		

**PARENT INFORMATION**

NAME (PARENT) \_\_\_\_\_ DOB \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
CELL PHONE (PARENT) \_\_\_\_\_ CELL PHONE (PARENT) \_\_\_\_\_

**MEDICAL CONCERNS/SPECIAL NEEDS:** DOES THE REGISTERED PERSON HAVE ANY SPECIAL NEEDS OR MEDICAL CONCERNS THAT SHOULD BE BROUGHT TO THE ATTENTION OF PROGRAM STAFF? PLEASE CONSIDER ANY ALLERGIES, MEDICATIONS, CONCERNS, CHALLENGES AND/OR RESTRICTIONS.

**SELF ADMINISTRATION OF MEDICATION:** I AUTHORIZE MY CHILD TO SELF-ADMINISTER MEDICATION DURING THE PROGRAM. (PLEASE NOTE: STAFF CANNOT ADMINISTER ASPIRIN, OTHER NON-PRESCRIPTION DRUGS OR PRESCRIPTION DRUGS. ALL MEDICATION SHOULD BE PROPERLY LABELED.) DISREGARD IF NOT APPLICABLE.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**MEDIA RELEASE:** I HEREBY GIVE PEMBERTON RECREATION PERMISSION FOR MY CHILD/CHILDREN TO APPEAR IN ANY MEDIA COVERAGE THAT IS APPROVED BY THE PEMBERTON TOWNSHIP RECREATION DEPARTMENT.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

DATE PAID \_\_\_\_\_ PAYMENT METHOD \_\_\_\_\_ TOTAL PAID \_\_\_\_\_

## BASKETBALL CAMP

### ARRIVAL/DISMISSAL

Arrival time for camper is 8am (7:30am if registered for early drop-off). Dismissal time for camper is 3:00pm. Only those that are listed on the **PICK-UP AUTHORIZATION FORM** will be permitted to pick up your camper. Campers are required to be signed in/out each day. Drop-off/pick-up will be in the Pemberton Township High School B Gym.

### LUNCH

You must pack a lunch for your child each day.

### DISCIPLINE POLICY

The emphasis at all times will be on having fun. However, “safety” shall never be compromised to this end.

The following basic rules must be followed:

1. Campers will not be permitted to act in a manner dangerous to themselves or to any other campers.
2. Campers will not be permitted to hurt or threaten any other camper.
3. Campers will make every attempt to display respect for themselves, other campers, staff, and all facilities that we use.

If a child is unable to adhere to these guidelines, the following consequences/procedures will ensue:

1. Warning from Program Coordinator
2. 10-minute “time out” from the group (in the same room). The Program Coordinator will explain why his/her behavior is unacceptable and what is needed to change it.
3. 30-minute “time out” from the group (in the same room). The behavior will be documented and the **camper’s parent will be informed at the end of the day**. A joint effort will be made to find a solution to the problem. The next time the child has to be removed from the group, the child will have to be picked up from camp on that day.
4. Removal from the group for the remainder of the day (Program Coordinator will telephone parent/guardian to pick the child up from the camp).
5. If inappropriate behavior does not cease, the Program Coordinator will document the situation and contact parent/guardian to pick up their child. A final letter of dismissal will be sent home.

**There will be no refund of fees if your child is suspended or expelled from the program.**

### DRESS CODE

All campers must wear sneakers, socks, shorts/thin pants and t-shirts. No jeans, jewelry or sandals/flip flops. It is recommended that your child brings a change of shirt with them to camp each day.

**CO-ED BASKETBALL CAMP  
REQUIRED INFORMATION & SIGNATURES**

Please complete both pages of this packet and sign where indicated. If you are enrolling multiple children, only one packet needs to be completed - you do not need to fill out a packet for each child.

This information must be completed and turned in by the first day of the program (Monday, June 25<sup>th</sup>). Packets can be dropped-off in person at the Recreation Department (69 Tensaw Drive, Browns Mills / Mon-Fri, 8-4:30pm - a convenience drop box is available if you are unable to make it during office hours); Mailed to Pemberton Township (Attention: Recreation), 500 Pemberton-Browns Mills Road, Pemberton NJ 08068; Turned in to staff at drop-off on the first day of the program.

**AUTHORIZATION/PERMISSION TO PROVIDE EMERGENCY CARE & HOLD HARMLESS:**

To the best of my knowledge, the medical history I provided is correct and complete. I know of no reason to restrict the participant's participation and give my permission for participation in all activities except as specifically noted herein. I understand that part of the program experience involves activities and interactions that may be new to my child/children. These things come with certain risks and uncertainties beyond what my child/children may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child/children. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the program's rules. My child/children and I both agree that he/she is familiar with these rules and will obey them. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the On-Site Supervisor/Leader to order X-rays, routine tests, treatment and transportation for my child/children. I also hereby give permission to the physician selected by the On-Site Supervisor/Leader to secure and administer treatment, including hospitalization, for the person(s) names above. I agree to the release of any records necessary for evaluation, treatment, referral, billing or insurance purposes.

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

I understand that proper supervision is provided for all programs. However, in the event of any emergency due to accidents beyond their control, I hereby release Pemberton Township, its supervisors, employees and program volunteers, from all liability.

Name(s) of Camper(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**IN AN EMERGENCY PLEASE NOTIFY:** We will always attempt to contact parents/guardians first. Please provide the names of emergency contacts (other than a parent/guardian) who can pick up your child(ren) if you are delayed or in the case of an emergency.

***EMERGENCY CONTACT #1***

***EMERGENCY CONTACT #2***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Camper(s): \_\_\_\_\_

Relation to Camper(s): \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Phone #2: \_\_\_\_\_

**PEMBERTON TOWNSHIP RECREATION DEPARTMENT  
PICK UP AUTHORIZATION FORM**

The following people are authorized to pick up my child/children from the Pemberton Township Recreation Department program they are registered in. I understand my child/children will be allowed to leave with these individuals only. Please assure that these individuals bring proper identification when picking up your child/children.

Camper(s) Name \_\_\_\_\_

(Parents/Guardians, please include yourselves)

Authorized Person #1 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Authorized Person #2 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Authorized Person #3 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Authorized Person #4 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Authorized Person #5 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name of person(s) NOT allowed to pick up my child: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_