

**PEMBERTON TOWNSHIP RECREATION DEPARTMENT**  
**2018 SUMMER STEAM CAMP REGISTRATION FORM**

**INSTRUCTOR:** Elliott Wishnefsky & Zachary Wishnefsky  
**FEE:** \$75/camper  
**LOCATION:** Country Lakes Clubhouse (69 Tensaw Drive, Browns Mills)  
**TIME:** Session I 10:00am – 12pm Grades K -2<sup>nd</sup>  
Session II 1:00pm – 3:00pm Grades 3<sup>rd</sup> – 5<sup>th</sup>  
**DATES:** Monday, August 13<sup>th</sup> to Friday, August 17<sup>th</sup>

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**STEAM CAMP /AUGUST 13<sup>TH</sup> – 17<sup>TH</sup>**

Participant Name \_\_\_\_\_  
Parent/Guardian Name (If Minor) \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade (in fall '18) \_\_\_\_\_  
Home Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_  
Would you like to receive text message updates about our programs and events?                      YES                      NO  
If yes, what company provides your cell phone service? \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Does the participant have any special needs or medical concerns that should be brought to the attention of program staff? If any, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the above participant to appear in any media coverage that is approved by the Pemberton Township Recreation Department.                      YES                      NO

**PLEASE READ/SIGN:** I am registering myself and/or my child to participate in all activities of the above registered program. In case of emergency, I authorize the program's assigned personnel to administer basic first aid treatment, transport me/my child to the nearest hospital, and notify my emergency contact as quickly as possible. In the event of an emergency due to accidents beyond their control, I hereby release Pemberton Department of Recreation, its supervisors, employees and program volunteers, from all liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

PAYMENT TYPE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ CHECK BOX WHEN PROCESSED IN ACTIVE: