

# **TOWNSHIP OF SADDLE BROOK RECREATION**

## **2019 SUMMER FUN PROGRAM**

### **FOR CHILDREN ENTERING 5<sup>TH</sup>-8<sup>TH</sup> GRADE**

This is a structured program offering sports, arts and crafts, games, teamwork activities, and much more to children entering grades 5-8 in September 2019. Activities are held under the supervision of adult directors and counselors.

**LOCATION:** Veteran's Field, Field house, and Trailer 20 Sampson St. Saddle Brook, NJ

**WHO IS ELIGIBLE:** Children entering Fifth through Eighth grade in  
September 2019. **Saddle Brook Residents Only**

**DATES OF PROGRAM:** Monday July 8 – Friday August 2

**TIME:** 9:00 AM – 12:00 PM Monday through Friday (Day Trips will have times TBA)

**FEE:** \$50 per participant per week or \$150 per participant for full program  
(Day Trips have additional fees)

**DEADLINE FOR REGISTRATION:** June 21, 2019

#### **PLEASE COMPLETE REGISTRATION FORM:**

<https://saddlebrooknj.us/events/saddle-brook-recreation-summer-program/>

**MAKE CHECKS PAYABLE TO:** Township of Saddle Brook

**MAIL FORM AND PAYMENT:** Saddle Brook Recreation Department  
93 Market Street  
Saddle Brook, NJ 07663

**FOR ADDITIONAL INFORMATION:** Contact Recreation Director Andrew Gallo

[Sbrec@saddlebrooknj.gov](mailto:Sbrec@saddlebrooknj.gov)

- **Day Trips are available for Saddle Brook Residents Only.**
- **Trips are open to families not registered for summer camp also.**
- **10 years of age and under must be accompanied by paid adult.**

**SADDLE BROOK SUMMER PROGRAM**

**REGISTRATION AND HEALTH HISTORY FORM (PLEASE PRINT ALL INFORMATION)**

Child's Name: \_\_\_\_\_ Birthdate \_\_ / \_\_ / \_\_ Sex \_\_\_\_ Age \_\_\_\_

Grade Entering in September 2018: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If I am not available in an emergency, the following contacts have my permission to respond:**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

If your child has allergies that could affect participation in this program please list

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List any restricted activities or health problems that could affect participation

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List any medication taken by your child that would affect the ability to participate in some of the activities

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Health History (Please list approximate dates if appropriate)

Ear Infections\_\_\_\_\_ Convulsions\_\_\_\_\_ Chicken Pox\_\_\_\_\_

Hypertension\_\_\_\_\_ Measles\_\_\_\_\_ Mumps\_\_\_\_\_

Mononucleosis\_\_\_\_\_ German Measles\_\_\_\_\_ Diabetes\_\_\_\_\_

Epilepsy\_\_\_\_\_ Other\_\_\_\_\_

Bleeding/Clotting Disorders\_\_\_\_\_ Heart Defect/Disease\_\_\_\_\_

Any health related information provided on this form will be kept confidential, unless it is deemed necessary by the supervisory staff to release such information. This form will be kept in the Recreation Office.

**BOTH STATEMENTS BELOW MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN:**

I, the parent or guardian of the above named child, who is a candidate for the Saddle Brook Recreation run program, do hereby give my approval to his/her participation in any and all of the activities of the group of the Summer Program. I certify that my child is in adequate physical condition to participate in any and all activities of his/her group and that the Saddle Brook Recreation Department will rely upon my statement to this effect in admitting my child to the Summer Program. I do assume all risks and hazards to the conduct of the activities and do further hereby release and absolve, indemnify and hold harmless, the Township of Saddle Brook, the Recreation Department, the Supervisors and Counselors, any and all of them. I understand that if my child uses foul language, strikes another child, is involved in a group altercation or displays behavior that is judged inappropriate, he/she will be suspended from the program. If suspended, he/she will not be allowed to attend the Summer Program for a pre-determined number of days regardless of the schedule.

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

I, being the parent of legal guardian of (print) \_\_\_\_\_ hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above-named child should require such attention during the Summer Program.

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