



Aberdeen Township Summer Camp Information

1. GENERAL CAMPER INFORMATION

Child's Name (Please Print): _____

Which week(s) is your child attending: _____

Grade your child will be entering next fall: _____

T-Shirt Size: YS YM YL AS AM AL AXL

Anything you would like to share about your child that will help make their camp experience more enriching?

2. MEDICAL INFORMATION

Please list any Health/Medical Conditions we should be aware of:

Please list any Medication/Allergies* we should be aware of:

***Camper(s) must be able to administer their own medications. Camp Staff will not administer medication.**

There will be staff members on site who are First Aid and CPR certified. Camp is limited to first aid only, and any medical situation that is beyond the scope of basic response will be referred to the township EMS.

3. EMERGENCY CONTACTS

1. Name: _____ Relation: _____

Phone Number: _____

2. Name: _____ Relation: _____

Phone Number: _____

3. Name: _____ Relation: _____

Phone Number: _____

Name of Camper: _____

4. PARENT/GUARDIAN PICK UP AUTHORIZATION

In addition to the parent registration information we have from the online registration, please list the names of any possible persons authorized to pick up the above referenced child. **Please note:** Photo ID must be presented at time of pick up.

NO CAMPER WILL BE RELEASED FROM CAMP TO ANYONE NOT ON APPROVED LIST:

1. Name: _____ Relation: _____

Phone Number: _____

2. Name: _____ Relation: _____

Phone Number: _____

3. Name: _____ Relation: _____

Phone Number: _____

Name of person(s) NOT authorized to pick up my child:

I Authorization my child for Self-Check In/Out (for participants 4th grade and above). Campers will only be released at the scheduled camp ending times, or times designated to the camp by the parent/legal guardian. If you would like your child to walk home, please check the box below.

I grant my child permission to travel to/from camp and check in/out independently each camp day.

5. BEHAVIORAL POLICY

Aberdeen Township is committed to providing a safe and positive camp environment. All campers are expected to behave in a manner that respects themselves, others, and camp staff. Campers must follow all staff directions at all times and are responsible for their actions and language.

If a camper engages in behavior that compromises their safety or the safety of others, the following actions will be taken:

- ✓ **First Violation:** Verbal warning and documentation of the incident.
- ✓ **Second Violation:** Documentation of the incident and parent/guardian notification. The camper may be required to be picked up early and may be suspended from the next scheduled camp day.
- ✓ **Third Violation:** Immediate parent/guardian notification and required pick-up. The camper may be suspended for the remainder of the week or dismissed from the program, depending on the severity of the behavior.

Aberdeen Township reserves the right to immediately dismiss any camper whose behavior is deemed unsafe or poses a risk of harm to themselves, other campers, or staff, without prior warning.

Name of Camper: _____

6. LIABILITY WAIVER AND RELEASE AGREEMENT

PERMISSION SLIP, RELEASE OF CLAIMS, WAIVER, & AGREEMENT

I, the undersigned parent or legal guardian of the above-named child, grant permission for my child to participate in all activities of the Aberdeen Township Summer Adventures Program, including all camp activities and field trips. I acknowledge that participation involves inherent risks, including injury, illness, property damage, or death, and I voluntarily assume all such risks.

RELEASE OF LIABILITY & HOLD HARMLESS

I, on behalf of myself and my child, acknowledge that participation in the Aberdeen Township Summer Adventures Program involves inherent risks, including but not limited to physical activity, outdoor conditions, recreational equipment, and group activities, which may result in injury or illness.

I voluntarily permit my child to participate and assume all such inherent risks associated with participation.

To the fullest extent permitted by law, I agree to release and hold harmless the Township of Aberdeen, its officers, employees, volunteers, and agents from any claims or causes of action arising out of my child's participation in the program, except to the extent caused by gross negligence or willful misconduct.

I further agree to indemnify and hold harmless the Township from any claims, damages, or expenses arising from my child's conduct or failure to follow program rules and instructions.

I understand that this agreement is intended to be as broad and inclusive as permitted under the laws of the State of New Jersey.

REPRESENTATIONS & ACKNOWLEDGMENT

I represent that my child is physically and mentally capable of participating in the program. I have read and fully understand this agreement, which includes all policies regarding conduct, safety, participation requirements, medical consent, and liability waivers. I voluntarily agree to be legally bound by its terms for the duration of my child's participation.

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____

7. MEDIA RELEASE

I grant permission for the Township of Aberdeen to use my child's name, likeness, image, voice, and/or appearance in media, including print, digital, or broadcast, for purposes related to the promotion of the Summer Adventures Program and other Township activities, without compensation.

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____