

# Princeton Recreation Department

## 2023 Day Camp

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Date of Birth: _____
City, State, Zip: _____	Age: _____
Primary Phone #: _____	Gender: _____
Primary Email: _____	Grade: _____
Date of Birth: _____	School: _____

**Eligibility:** Open to Princeton Residents, rising 1st-6th grade; non-residents may be eligible if there is space

**Dates/Times/Location:** 6 individual weeks from June 26 – August 4 at Community Park Pool and Community Park South; Camp hours are 9am-3pm; Drop off begins at 8:45am

**Fees: Princeton Residents:**

**Early Bird Discount:** (Register by April 30 for an Early-Bird discount-10 percent off regular price)

**Early Bird Price:** \$180 per week (\$144 for week 2)\*

**After April 30:** \$200 per week (\$160 for week 2)\*

**\*Register for 2 or 3 weeks to receive a 5% discount. Register for 4 or more weeks to receive a 10% discount! Must register for multiple weeks at one time to receive the discount.**

### Register for Day Camp

<input type="checkbox"/> Week 1: June 26 - June 30	<input type="checkbox"/> Week 2: July 3 - July 7 (no camp July 4)*
<input type="checkbox"/> Week 3: July 10 - July 14	<input type="checkbox"/> Week 4: July 17 - July 21
<input type="checkbox"/> Week 5: July 24 - July 28	<input type="checkbox"/> Week 6: July 31 - August 4

## Add-Ons

### After-Camp Care:

After-Camp takes place from 3pm-5:30pm

Fees: \$50 per week (\$40 for week 2)\*

<input type="checkbox"/> Week 1: June 26 - June 30	<input type="checkbox"/> Week 2: July 3 - July 7 (no camp July 4)	<input type="checkbox"/> Week 3: July 10 - July 14
<input type="checkbox"/> Week 4: July 17 - July 21	<input type="checkbox"/> Week 5: July 24 - July 28	<input type="checkbox"/> Week 6: July 31 - August 4

**\*Week 2 is discounted due to one less day of camp; No camp July 4**

**Continued on next page →**

## Add-Ons

### Swim Lessons:

More information and registration coming soon!

### Additional Questions

**Swimming Ability:**  Non-Swimmer  Beginner  Intermediate  Advanced

**Passed Swim Test at CP Pool in 2022?:**  Yes  No

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

**Please list any dates that your child will NOT be attending camp**

---

---

### Payment Method:

Check # (Make checks payable to Princeton Recreation Department): \_\_\_\_\_

Cash Receipt #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Mastercard, Visa, or Discover (circle one)

Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_ Zip code: \_\_\_\_\_

380 Witherspoon Street, Princeton, NJ 08540

609-921-9480

Princetonrecreation.com

**Continued on next page →**

# Princeton Recreation Department 2023 Day Camp

## Emergency Medical Form (TO BE COMPLETED BY PARENT/GUARDIAN)

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
<b>Last Name:</b> _____ <b>First Name:</b> _____ <b>Contact #:</b> _____  <b>Last Name:</b> _____ <b>First Name:</b> _____ <b>Contact #:</b> _____  Permission to walk/bike home from camp? <input type="checkbox"/> Yes <input type="checkbox"/> No   Initials: _____  Permission to participate in off-site walking field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No   Initials: _____  Additional adults who have permission to pick up your child and transport them home:  _____ _____	<b>List all food &amp; other allergies:</b> _____ _____  Restricted activities, if any: _____  Current medications: _____  Recent illness or surgery: _____  Note any physical or mental conditions to be aware of in case of emergency: _____  Please provide any other important Emergency Medical Information :  _____ _____ _____

**AGREEMENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, AND WAIVER OF ALL CLAIMS PLEASE READ CAREFULLY**

I recognize that there are certain risks of physical injury inherent in \_\_\_\_\_ (minor's name) participation in this program, and in order to minimize these risks he/she agrees to obey all the rules and regulations, follow all safety procedures, and to obey any and all instructors, assistant instructors, and staff members assigned to this program.

I certify that he/she is in proper physical condition for safe participation in this program and agree that it is incumbent upon me or him/her to immediately inform a program instructor, assistant instructor, or staff member should his/her condition change at anytime during his/her participation in this program.

Because the Princeton Board of Parks & Recreation Commissioners – Recreation Department is a public entity, I recognize that my ability to recover damages from the Princeton Board of Parks & Recreation Commissioners – Recreation Department and its officers, agents, servants, and employees as a result of injury, death, or other loss that may be suffered due to my child's participation in this program may be limited by provisions of the Tort Claims Act (N.J.S.A. 59:1-1, et seq.).

By signing below, I acknowledge that I understand my and/or my children's responsibilities as outlined above and in addition, I understand that The Princeton Board of Parks & Recreation Commissioners maintains a no-refund policy, however, the Board reserves the right to make exceptions, only if the person has not participated in the program.

Parent or Legal Guardian (**please circle one**)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_