

2022 Roselle Summer Fun Camp

In Person Evening Registration Dates:

May 18th, May 25th and June 1st.

*Applications are available Monday - Friday at 1268 Shaffer Ave.

9am - 3:30pm*

100 camper spaces are available

Location: 210 Chestnut St. Roselle NJ 07203

Time: 6pm - 8pm

Please bring proof of residence and health insurance cards.

Fee Schedule:

1 Child:	\$360 (\$60 per week)
2 Children:	\$330 (\$55 per week) per child
3 Children or More:	\$300 (\$50 per week) per child
Non-Resident:	\$750 (\$125 per week) per child

Roselle Summer Fun Camp Registration

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Age: _____

Gender: _____

Grade: _____

Shirt Size: _____

Parent Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____ **Cell Phone:** _____

Roselle Summer Fun Camp Medical Release Form

ATTACH A COPY OF BOTH SIDES OF THE CAMPER'S MEDICAL INSURANCE CARD. IF CHILD OR FAMILY DOES NOT HAVE MEDICAL INSURANCE, PLEASE STATE "NONE".

Insurance Policy Name: _____

Insurance Carrier: _____

Insurance Company Name: _____

Insurance Company Telephone Number: _____

Policy/Group Number: _____

Child's Name: _____ D.O.B _____

Address: _____ Home Phone: _____

Physician Name: _____

Physician Phone Number: _____

Does your child have any health problems? Yes No

(If yes, please explain below):

Is your child under medical care? Yes No (If yes please explain below)

Does your child currently take any prescribed drugs?

Yes or No (If yes, please explain below)

List any allergies or reactions to medications, food, plant, animal or insects:

Note any condition that may require special care, medications, etc.

Preferred Hospital (In case of emergency)

Parent's Authorization:

To the best of my knowledge, this medical history is correct and complete. I know of no reason to restrict her/his activity and give my permission for my child to participate in all activities except as specifically noted herein. In the event neither parent nor designated emergency contact can be reached in an EMERGENCY, I hereby give permission to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child. I understand that every effort will be made to contact the parent/guardian and/or emergency contact and family physician listed above.

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____

Cell Phone: _____

HEALTH HISTORY

Please list all medications that are currently being used. Inclusive of EpiPen's and inhalers.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Roselle Summer Fun Camp Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact: _____

Alternate Relationship: _____

Alternate Address: _____

Alternate Phone Number: _____ Cell Phone: _____

Parent Notification on Administering Medicine

I _____ parent/guardian of
_____ hereby understand that the
staff of the Winter Recreation League and/or employees
of the Borough of Roselle are NOT authorized to
administer any medication to my child.

Parent/Guardian Signature: _____

Date: _____

Roselle Summer Fun Camp Photograph Permission Form

The Roselle Summer Fun Camp program will take pictures during the course of camp. Pictures of our campers participating in activities such as silent reading, arts and crafts and gaming activities will be taken. These pictures are often submitted with articles to the local newspapers for publishing or on television as a method of highlighting the accomplishments of our camp.

Please give your permission to submit your child's photograph when the occasion arises. If you have questions or concerns, please do not hesitate to contact Recreation Leader E. Simms at (908) 324-2338 or Esimms@boroughofroselle.com

_____ Yes, I give permission for my child's photograph to be taken and be submitted to the newspaper or television.

_____ No, I do not wish to have child's picture released for publication

Campers Name: _____

Parent's/Guardian's Signature: _____

Roselle Summer Fun Camp Walking Consent Form

Please sign below if your child has permission to walk to or from camp alone.

I _____, grant permission for my child _____ to walk to and or from (circle one or both) the Roselle Summer Fun Camp program alone. My child will arrive to camp each day at _____ am and will be dismissed daily at _____ pm.

In the event that your child will be absent please contact Recreation Leader Ms. E. Simms at (908) 324-2338 by 9:30 am. In the event that the walker fails to arrive by 10:30 am, the parent/guardian will be notified to verify the whereabouts of the camper.

Parent/Guardian Signature: _____

Home Phone Number: _____

Cell Phone Number: _____

Drop Off and Pick Up Form

I _____ hereby give authorization for my child _____ to be dropped off and picked up by the following individuals listed below. I understand if there is any change in which my child may be released to a different person, I will send written documentation with an explanation of the change, inclusive of name, address and contact number to Recreation Leader Simms.

I authorize the following individuals to pick up/drop off my child:

1. Name: _____

Address: _____

Phone Number: _____

2. Name: _____

Address: _____

Phone Number: _____

3. Name: _____

Address: _____

Phone Number: _____