

Roselle Summer Fun Camp 2024



July 1st - August 16, 2024

Monday-Friday 7:30am-5:30pm

1 child: \$441 | 2 Children: \$406 | 3 or more Children: \$371 | Non-Resident: \$910 per youth

Site Location:

Arminio Athletic Field

Chestnut Street, Between 8th and 9th Avenue, Roselle, NJ

APPLICATION DEADLINE:

June 15th, 2024

CONTACT: Kabreu@boroughofroselle.com

908-245-5600 Ext: 2013

Roselle Summer Fun Camp Registration

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Age: ____

Gender: _____

Grade: _____

Camp Site: _____

Shirt Size: _____

Parent: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Relationship:_____ Cell Phone:_____

Roselle Summer Fun Camp Emergency Contacts Information

1. Name:_____
Relationship:_____
Address:_____
Phone Number:_____

2. Name:_____
Relationship:_____
Address:_____
Phone Number:_____

3. Name:_____
Relationship:_____
Address:_____
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 are any changes 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, Kiara Abreu.

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: _____

Roselle Summer Fun Camp Medical Release Form

PLEASE 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 concerns: ___ 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 medications?

___ Yes ___ 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 Notification on Administering Medicine

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

Parent/Guardian Signature: _____

Date: _____

HEALTH HISTORY

Please list all medications that are currently being used.

Inclusive of EpiPen's and inhalers.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

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 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.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

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 feel free to contact Recreation Leader, Kiara Abreu via email at Kabreu@boroughofroselle.com or 908-245-5600 Ext:2013.

___ I hereby give permission for the Borough of Roselle to use, in its future brochures and any other publicity/ or broadcasts of any kind, any program pictures, audio or video in which I (or my child/ward) appear.

___ I DO NOT give permission for the Borough of Roselle to use, in its future brochures and any other publicity/ or broadcasts of any kind, any program pictures, audio or video in which I (or my child/ward) appear.

Campers Name: _____

Parent's/Guardian's

Signature: _____

Date: _____

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 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, Miss. Kiara Abreu at (908)632-5625 by 9:30am. In the event that the walker fails to arrive by 10:30am, the parent/guardian will be notified to verify the whereabouts of the camper.

Parent/ Guardian Signature: _____

Home Phone Number: _____

Cell Phone Number: _____

Date: _____

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

4. Name: _____
Address: _____
Phone Number: _____

5. Name: _____
Address: _____
Phone Number: _____

6. Name: _____
Address: _____
Phone Number: _____