

NORWOOD SUMMER RECREATION PROGRAM 2009

Registration: TUESDAY MARCH 24TH, 2009 6:00 pm - 7:30 pm

NORWOOD COMMUNITY CENTER - BROADWAY

Grades: Entering K through 5 NORWOOD RESIDENTS ONLY - proof of residency upon request

Cost: \$90.00 no refunds will be made or payment omitted due to vacation, illness, or any other cause. Any questions, please feel free to contact Donna Plescia, Camp Director @ 201-316-4664

Make Checks Payable to : Borough of Norwood

Camp Date: Wednesday July 1, 2009 - Friday July 31, 2009

Held @ NORWOOD PUBLIC SCHOOL/ SOUTH SIDE 177 Summit Street, Norwood, NJ 07648

Cut

REGISTRATION FORM

Please print CLEARLY

CHILD'S NAME _____ GRADE ENTERING SEPT. 2009 _____

PHONE # _____ BIRTHDATE: _____

ADDRESS: _____

Mothers Name _____ Cell # _____

Fathers Name _____ Cell # _____

ALLERGIES: _____

T = SHIRT SIZE (CIRCLE ONE) CHILD: SMALL MEDIUM LARGE

ADULT: SMALL MEDIUM LARGE

PARENTS EMERGENCY CONSENT AND RELEASE:

In the event I cannot be reached in an emergency, I give my permission to Dr. _____ Phone # _____

Or whichever Doctor is covering his/her practice to render emergency medical, surgical and anesthetic treatment and /or hospitalization, if necessary, to my child. I give permission to authorities of Norwood Summer Recreation Program to seek emergency treatment at the nearest hospital. If unable to reach parent, emergency contacts are (name,address,phone#)

1. _____ 2. _____

In case of injury to my child, we hereby waive all claims against the administrators, counselors, volunteers, and organizer. I, the parent/guardian, give my approval for the above child to participate in any activities of the rec. program, and hereby release, absolve, and hold harmless the Norwood Public Recreation Program Committee, and the Norwood Public School.

Parent/Guardian Signature _____ Date: _____