



Brick Township Police Athletic League
60 Drum Point Road, Brick, NJ 08723

SUMMER CAMP

2017 REGISTRATION INSTRUCTIONS & INFORMATION

We now accept credit & debit cards!

- **\$25.00 non-refundable Registration Fee** per child
- **\$15.00 non-refundable Membership Fee** per child (if not a current member)
- **2-week non-refundable Security Deposit** per child based on child's schedule to be applied to child's last 2 weeks of camp.
- **Additional fees will apply for *specific trips listed on camp schedule*, which will be non-refundable and *must be paid at the time of registration*.**
- **Schedule changes will only be accepted up to June 1, 2017. No changes will be accepted after that date.**
- If you do not want your child to attend certain trips do not schedule him/her for that day. If you do schedule them and decide to keep them home, you are still responsible for the payment of that day. They cannot stay in the office. ***Trips are subject to change. Advance notice of changes is not always possible, especially, when the change is due to weather conditions.***
- **Camp shirts MUST be worn** on all travel days. Refer to your camp calendar. Each camper receives one free shirt with registration; additional shirts can be purchased for \$10.00 each.
- Do not forget the camper's **sunscreen daily**.
- **Registered Families**: Parents/Guardians are required to attend the Orientation. Should you not attend the Orientation, you will be responsible for the material that was covered at the Orientation.

Parent Orientation: Wednesday June 7th, 2017 – 7:00pm @ Brick PAL

- Make checks payable to Brick PAL. Please note child's name & camp grade. ***10% Discount with Payment in Full at time of registration will only apply to daily tuition, 10% does not apply to the specific trip list.***
- Regular Hours: 8:30am – 4:30pm \$45/day (minimum 3 days/week)
Before & After Care: 7:00am – 8:30am \$6/day (minimum 3 days/week)
4:30pm – 6:00pm \$6/day (minimum 3 days/week)
- **You are billed weekly starting the first week of camp**. Payments must be received by Thursday of the same week. A \$25.00 late fee will be applied to all accounts not paid by close of business on Thursday. **There are no exceptions**. (The Security Deposit is applied to the last 2 weeks of camp.)
- **Overtime charges**: \$20.00 will be applied if the child is dropped off prior to their scheduled arrival time and/or picked up after scheduled departure time.
- The returned check fee is \$40.00. After 1 bounced check only cash, money orders, or credit card payments will be accepted.

PLEASE REFER TO YOUR HANDBOOK FOR CAMP POLICIES & PROCEDURES!



Brick Township Police Athletic League

2017 Summer Camp - Registration Form

Po Box 4095
60 Drum Point Road
Brick, NJ 08723
732-477-0144
\$25 Registration Fee

Camper Attendance Contract

Contract Time:	BEFORE CARE <input type="checkbox"/> 7:00am - 8:30am	DAY CAMP HOURS <input type="checkbox"/> 8:30am to 4:30pm	AFTER CARE <input type="checkbox"/> 4:30 pm to 6 pm
# Of Days Per Week:	Days Attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Weeks Attending:		___ July 17 – July 21	___ August 7 – August 11
___ June 19 – June 23	___ July 5 – July 7 (3 Days)	___ July 24 – July 28	___ August 14– August 18
___ June 26 – June 30	___ July 10 – July 14	___ July 31 - August 4	___ August 21– August 25
Camp T-Shirt	CHILD <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	

Child's Information

Camper's Name:			
Child's Street Address:			
City/State/Zip		Child's Home Phone:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity/Race <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to disclose
			Child's Grade in Sept 2017 :

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Relationship to Child	Emergency Contact		Authorized Pick-Up		Lives with Child	
			Yes	No	Yes	No	Yes	No
1)			Yes	No	Yes	No	Yes	No
PHONE -- Home#:		Cell/Beeper#	Work#					
E-Mail Address:								
2)			Yes	No	Yes	No	Yes	No
PHONE -- Home#:		Cell/Beeper#	Work#					

Additional Emergency Contact Info *(Must be 18 or older)*

Contact Name		Relationship to Child	Emergency Contact		Authorized Pick-Up	
			Yes	No	Yes	No
3)			Yes	No	Yes	No
PHONE -- Home#:		Cell/Beeper#	Work#			
4)			Yes	No	Yes	No
PHONE -- Home#:		Cell/Beeper#	Work#			
5)			Yes	No	Yes	No
PHONE -- Home#:		Cell/Beeper#	Work#			
Pick-up Restrictions (Copies of Restraining/Court Orders MUST be on file at PAL):						

Physician Information

<i>Physician Name:</i>	<i>Phone #</i>
<i>Address:</i>	
<i>Signed "Doctor's Health Release Form" Attached:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>"DOCTOR'S HEALTH RELEASE FORM" must be on file at our office prior to June 1, 2017 There are no exceptions.</i>	

Insurance Information

<i>Insurance Carrier:</i>		
<i>Address:</i>		
<i>ID #</i>	<i>Policy #</i>	<i>Group #</i>

Any Additional Information You Feel is Necessary

Parent/Guardian Authorization

I understand that by signing this form **I have committed to my child attending Brick PAL Summer Camp for the contracted period of time as specified on the "Camper Attendance Contract" section of this form, regardless of suspension, termination, vacation, sick days, or drop out** of my child from camp; and I am responsible for payment of said contracted time.

I understand that there will be NO REFUND OR CREDIT issued for any change or cancellation to the contracted schedule received after Friday June 2, 2017. All changes of contracted enrollment must be received by Friday, June 2, 2017. I further understand that the Security Deposit is Non-Refundable after June 2, 2017. The Registration Fee AND Membership Fee is non-refundable under any circumstances.

I hereby give permission for my child to go on all trips organized by the Brick PAL Summer Camp Program. I agree that my child will adhere to all rules, regulations, guidelines and decisions of Brick PAL personnel. The Brick PAL reserves the right to change or amend the schedule. In addition, I authorize the Brick PAL to take pictures of my child to be used for advertisement and in PAL publications.

_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Parent/Guardian	Date



Brick Township Police Athletic League 2017 SUMMER CAMP TRAVEL PERMISSION STATEMENT

By signing below, you are authorizing your child to attend all regular PAL trips, in addition to a specific trip list which will require additional fees. If you do not want your child to attend on free trip days, DO NOT schedule him/her for that day.

Camp shirts MUST be worn on all travel days.

CHILDS NAME: _____

GRADE IN SEPTEMBER '17 - _____

SWIMMING ABILITY	<input type="checkbox"/> Good Swimmer	<input type="checkbox"/> Fair Swimmer	<input type="checkbox"/> Cannot Swim
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Specific Trips
 **Please note that there is a fee for the trips listed on this form. If you wish for your child to attend any of these trips please check the appropriate box. In House is available for these days only; subject to change if attendance is minimal.

ALL GRADES		<input type="checkbox"/> <u>BOWCRAFT</u> Fee \$20.00 07/13/17		<input type="checkbox"/> <u>UNCLE VINNIES COMEDY</u> Fee \$25.00 08/04/17		<input type="checkbox"/> SAHARA SAM'S Fee \$30.00 08/23/17	
<input type="checkbox"/> <u>IPLAY AMERICA</u> Fee \$28.00 06/22/2017		<input type="checkbox"/> <u>USS INTREPID MUSEUM</u> Fee \$26.00 07/19/17		<input type="checkbox"/> <u>RUNAWAY RAPIDS</u> Fee \$24.00 08/09/17		<input type="checkbox"/> PAL NIGHT @ BLUECLAWS Fee \$8 per ticket 08/21/17 – 7:05 GAME KIDS EAT FREE ____ Adult tix ____ Kids Tix	
<input type="checkbox"/> <u>POWERHOUSE STUDIOS</u> Fee \$22.00 06/28/17		<input type="checkbox"/> <u>FUNTIME AMERICA</u> Fee \$20.00 07/26/17		<input type="checkbox"/> <u>SKYZONE</u> Fee \$20.00 08/14/17			
<input type="checkbox"/> <u>MEDIEVAL TIMES</u> Fee \$38.00 07/06/17							
K TO 3 ONLY	<input type="checkbox"/> <u>Jersey Shore Pirates</u> Fee \$25.00 06/30/17	<input type="checkbox"/> <u>Storybook Land</u> Fee \$28.00 07/10/17	<input type="checkbox"/> <u>Children's Play Place</u> Fee \$15.00 07/17/17	<input type="checkbox"/> <u>Bounce u</u> Fee \$15.00 08/01/17			
4 & 5 ONLY	<input type="checkbox"/> <u>Combat Sports</u> Fee \$27.00 06/26/17	<input type="checkbox"/> <u>Diggerland</u> Fee \$30.00 07/11/17	<input type="checkbox"/> <u>Silverball Museum (2)</u> Fee \$18.00 08/02/17	<input type="checkbox"/> <u>Liberty Science Center & Mythbusters Exhibit</u> Fee \$21.00 08/17/17			
6 TO 8 ONLY	<input type="checkbox"/> <u>Silverball Museum (1)</u> Fee \$18.00 06/21/17	<input type="checkbox"/> <u>Combat Sports</u> Fee \$27.00 06/26/2017	<input type="checkbox"/> <u>Speed Zone</u> Fee \$32.00 07/25/17	<input type="checkbox"/> <u>Liberty Science Center & Mythbusters Exhibit</u> Fee \$21.00 08/17/17			

PARENT/GUARDIAN AUTHORIZATION

By signing below, I agree to the following:

1. I authorize my child to attend all the trips listed above or any substituted trips during his/her scheduled days at camp. I understand trips are subject to change and advance notice of changes is not always possible especially when the change is due to weather conditions.
2. I understand that my **child must wear their camp shirt on all traveling days or I will be charged for an additional shirt.**
3. I understand that it is my responsibility to make sure my child arrives on time. If I am late in arriving, the buses will not wait and I will not get a credit for that day. I also understand my child will not be able to stay in the office.

TRIPS ARE SUBJECT TO CHANGE WITHOUT ADVANCE NOTICE.

Parent Signature

Date

PRINT Name



Brick Township Police Athletic League
Doctor's Health Release
Summer Camp 2017

PO Box 4095
 60 Drum Point Road
 Brick, NJ 08723
 732-477-0144
 Fax: 732-477-0510

This form must be completed by a Licensed Physician and returned with the Registration Form.

CHILD'S NAME: _____ **Camp Grade:** _____

Immunization History

<i>Vaccines</i>	<i>DATES</i>					
DTP						
Haemophilus Influenza b (HIB)						
Polio						
Measles/Mumps/Rubella (MMR)						
Hepatitis B						
Tuberculin Test Given						
Pneumococcal Conjugate (PCV)						
Varicella						
Other: _____						

Physician's Health Care Recommendations

The last date I examined the above applicant was _____ (Date Examined)		
The above's condition <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT preclude his/her participation in a summer camp program.		
Height	Weight	Blood Pressure
The applicant is under the care of a physician for the following condition(s):		
Current treatment (include current medications):		
Explanation of any reported loss of consciousness, convulsion, or concussion:		
Does Applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendations & Restrictions While at Camp Program

Any treatment to be continued at camp?
Any allergies (food, drugs, plants, insects, etc.)?
Any medication to be administered at site (specific dosages)?
Additional health information

PHYSICIAN'S SIGNATURE

Licensed Physician's Signature	
Address:	Phone #
Date Form is Completed:	If Form Completed by Nurse, please initial:



Brick Township Police Athletic League

**PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT
Summer Camp 2017 – *FORM MUST BE NOTARIZED***

Child's Information

Camper's Name: _____ # _____	
Child's Street Address: _____	
City/State/Zip _____	Child's Home Phone: _____
Date of Birth: _____	Child's Age: _____

Child's Medical Information

State any medical Problems: (If none, state so)	
Allergies (medicines, food, insects, etc): _____	Medications your child is taking: _____
Doctor's Name: _____	Doctor's Phone Number: _____

Child's Insurance

Insurance Co./HMO Name: _____	Policy Holder's Name: _____
Group Number: _____	ID # _____

BY SIGNING BELOW

We state that we are the parents/guardians having legal custody of the above child and attest that the information above is correct. We authorize the Brick PAL Director or Director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

THE FOLLOWING STEPS WILL BE FOLLOWED IN AN EMERGENCY:

1. The Parent/Guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all emergency persons listed on child's application form.
4. If we cannot contact you or your child's physician we will do any of the following:
 - a. Call for emergency first aid assistance/transportation
 - b. Call another physician
 - c. Have the child transported to an emergency hospital in the company of a staff member.

_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Date
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MUST BE SIGNED IN PRESENCE OF NOTARY

(Form MUST be notarized)

NOTARY: Signed before me on _____ day of _____ in 2017.

_____ Notary Signature	(seal)	_____ Print Notary Name
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Term Expires: _____

Bring Calendar with you to registration

June 2017

Mon	Tue	Wed	Thu	Fri
19 1st Day of Camp All Grades In-House	20 K-3 Bowling (1pm) 4-5 Dover Pool 6-8 Dover Pool	21 K-3 In House 4-5 In House 6-8 \$ Silverball Museum	22 ALL GRADES IPLAY AMERICA \$	23 All Grades In-House 4 Square Tournament
26 K-3 In House 4-5 COMBAT SPORTS\$ 6-8 COMBAT SPORTS\$	27 All Grades Allaire Village	28 ALL GRADES POWERHOUSE STUDIOS \$	29 ALL GRADES Sandy Hook	30 K-3 Jersey Shore Pirates\$ 4-5 In House 6-8 In House

July 2017

Mon	Tue	Wed	Thu	Fri
3 PAL Closed	4 PAL Closed	5 All Grades Roller Skating	6 ALL GRADES MEDIEVAL TIMES\$	7 K-3 Dover Pool 4-5 Bowling 1pm 6-8 Bowling 1pm
10 K-3 Storybook Land\$ 4-5 Dover Pool 6-8 Dover Pool	11 K-3 In-House 4-5 Diggerland \$ 6-8 In House	12 ALL GRADES Sandy Hook	13 ALL GRADES BOWCRAFT\$	14 ALL GRADES In House <u>Luau Day</u>
17 K-3 Childrens Play Place\$ 4-5 Sandy Hook 6-8 Sandy Hook	18 K-3 Bowling 10am 4-5 Dover Pool 6-8 Dover pool	19 ALL GRADES USS INTREPID MUSEUM\$	20 K-3 Dover pool 4-5 Bowling 1PM 6-8 Bowling 1PM	21 ALL GRADES In House <u>Community Helpers Day</u>
24 All Grades Ocean Planetarium (OCC)	25 K-3 Roller Skating 4-5 Roller Skating 6-8 Speed Raceway\$	26 ALL GRADES FUNTIME AMERICA\$	27 ALL GRADES 7 Presidents Park	28 ALL GRADES In House <u>Super Heroes Day</u>

Bring Calendar with you to registration

August 2017

Mon	Tue	Wed	Thu	Fri
July 31 ALL GRADES In House Disney Read for K-3	1 K-3 Bounce U\$ 4-5 Silverball Museum\$ 6-8 In House	2 ALL GRADES Sandy Hook	3 ALL GRADES Roller Skating	4 ALL GRADES UNCLE VINNIE'S COMEDY CLUB \$
7 K-3 In-House 4-5 Cattus Island 6-8 Cattus Island	8 K-3 Cattus Island 4-5 Dover Pool 6-8 Dover Pool	9 ALL GRADES RUNAWAY RAPIDS \$	10 All Grades In-House * Special Guest Presentation	11 ALL GRADES In House <u>Movie Day</u>
14 ALL GRADES SKYZONE \$	15 K-3 In House 4-5 Dover Pool 6-8 Dover Pool	16 K-3 Dover Pool 4-5 In House 6-8 In House	17 K-3 In House 4-5 \$Liberty Science Center \$ 6-8 \$Liberty Science Center \$	18 All Grades In-House * Special Guest Presentation
21 ALL GRADES Bowling 10am <hr/> PAL NIGHT @ LAKEWOOD BLUECLAWS \$8 tickets, kids eat free 7:05 game time	22 ALL GRADES Roller Skating	23 ALL GRADES SAHARA SAMS \$	24 ALL GRADES Sandy Hook	25 LAST DAY OF CAMP