

**FREEHOLD BOROUGH 2022 SUMMER RECREATION  
PROGRAM REGISTRATION FORM**

PLEASE PRINT ALL INFORMATION CLEARLY



**ALL REGISTRANTS MUST INCLUDE A COPY OF A CURRENT UTILITY BILL AS PROOF OF  
RESIDENCY FOR ENROLLMENT TO BE FINALIZED AND ACCEPTED.**

**This program will be accepting youth entering 3<sup>rd</sup>- 8<sup>th</sup> grades September 2022.**

Parent Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Present Grade: \_\_\_\_\_ School \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town \_\_\_\_\_  
Phone Number: \_\_\_\_\_ home/cell Alternate Phone number: \_\_\_\_\_  
\*\*E-Mail Required \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
T-Shirt Size: Youth: YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ \*Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

**Program Dates: June 27<sup>th</sup> – July 29<sup>th</sup>**

**THERE IS NO FEE FOR THE 12PM – 4PM PORTION OF THIS PROGRAM.**

**PROGRAM MAXIMUM IS 200 PARTICIPANTS**

***Would you be interested in utilizing the After Care program for \$5 a day or \$25 a week? Yes No***

***Which days will you need After Care? (Please circle all that apply) M T W Th F***

**\* ALL FEES ARE NON-REFUNDABLE: NO SWITCHES, NO CREDITS, NO EXCHANGES, NO TRANSFERS**

\*Allergies or Medical Issues: \_\_\_\_\_

\*Special Needs, Limitations, Restrictions: \_\_\_\_\_

**ACCIDENT INSURANCE:** In order to additionally protect participants in our Recreation program, Freehold Borough maintains a "LIMITED FORM OF CONTRACT" accident insurance for youth sponsored programs which is intended to be only supplemental to your own personal health insurance. This coverage has restrictions and limitations and does not include individuals over the age of 18. All participants are encouraged to carry their own personal health insurance to adequately be protected in case of emergency. **PROGRAM ACCIDENT INSURANCE/DISCLOSURE STATEMENT:** By submitting this application, I certify that I am the parent/guardian of the individuals listed above and give permission for him/her to participate in the programs selected. This agreement is made upon the condition that I assume all risks and hazards incidental to the individual's participation and do hereby waive, release, absolve, indemnify, and hold harmless the Borough of Freehold Summer Recreation, and its agents and employees for any claim arising out of injury to the individual listed on this form. I confirm that he/she is in good physical condition and does not have medical issues that could be aggravated by his/her participation. We agree to abide by all rules, regulations, and policies set forth by the Borough of Freehold Summer Recreation. In case of a medical emergency, I give permission for treatment by a hospital or physician. I give permission to the Borough of Freehold Summer Recreation staff and agents to transport him/her to recreation events, if necessary. I accept that no refunds will be issued.

**Please Initial:**

\_\_\_\_\_ I hereby consent to allow my child to participate in Freehold Borough Recreation sponsored activities.

\_\_\_\_\_ I will abide by all Covid-19 restrictions required (if added) by the 2022 Summer Recreation Program.

Signature Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Freehold Borough Summer Recreation mailing address: 30 Mechanic St, Freehold, NJ 07728 (Attn: Sascha Duckenfield)**

**Summer Recreation Program Physical address: Park Avenue Complex - 280 Park Ave, Freehold, NJ 07728**

**NO REGISTRATIONS WILL BE ACCEPTED AFTER JUNE 10**