



**2017 SUMMER FUN AFTERNOON SESSION REGISTRATION FORM
INDOORS ONLY**

**Fairfield Recreation Department
973-882-2700 EXT 2510**

(PLEASE **FULLY** COMPLETE A REGISTRATION FORM FOR EACH PARTICIPANT)

NAME: _____ **MALE/FEMALE (circle one)**

DOB: _____ **ENTERING GRADE (SEPT. 2017):** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ **TOWN:** _____ **ZIP:** _____

HOME PH: _____ **CELL PH:** _____

EMERGENCY CONTACT NAME: _____ **PH #** _____

E-MAIL : _____ **(write legibly)**

ANY MEDICATIONS: _____

ANY ALLERGIES: _____

**AFTERNOON SESSION WILL BE FROM 12:30pm to 3:00pm
DEPENDING UPON ENROLLMENT FEE BASED ACTIVITIES MAY BE OFFERED**

PLEASE CHECK WHICH SESSION

| | | |
|---|-----------------|--------------------------|
| Full Afternoon Session - June23 thru July 28 | \$200.00 | |
| Week #1- JUNE 23 thru JUNE 30th | \$60.00 | |
| Week #2 JULY 5 thru JULY 7th | \$60.00 | |
| Week #3 JULY 10th thru JULY 14th | \$60.00 | |
| Week #4 JULY 17th thru JULY 21st | \$60.00 | |
| Week #5 JULY 24th thru JULY 28^t | \$60.00 | |
| | | TOTAL AMOUNT DUE: |

_____ **CASH** _____ **CHECK** _____ **CREDIT CARD** _____ **DATE**

I declare that the camper named above has been examined by a physician within the last twelve months prior to the date of registration and has been deemed physically able to participate in the Summer Fun Afternoon Session and all other related events with the Summer Afternoon Session. I understand that by signing this waiver I agree not to hold the Township of Fairfield, the Fairfield Recreation Staff and the Fairfield Recreation Commissioners responsible for accidents or injuries suffered while participating in the Summer Afternoon Session Program. In case of an emergency, I hereby give permission to the Fairfield Recreation Staff or designee to secure proper treatment. I also give my consent for hospitalization, surgery, and treatment as is necessary for the welfare of child.

___ I have read the above waiver and understand the contents. (Please check)

Required Signature of Parent/Guardian: _____ **Date:** _____