



STILLWATER TOWNSHIP SUMMER CAMP RECREATION PROGRAM



CAMP WILL BE HELD AT STILLWATER COMMUNITY CENTER, 931 SWARTSWOOD Rd.
THE WEEKS OF AUGUST 12th - AUGUST 16th **AND** AUGUST 19th - AUGUST 23rd 2024 (9:00 AM – 1:00 PM)
AGES 4 THRU 12 /PRESCHOOL(Potty-trained) THRU 6TH GRADE
REGISTRATION FEE IS \$50.00 PER CHILD, PER WEEK, PAYABLE AT THE TIME OF REGISTRATION.

MAKE CHECKS PAYABLE TO: STILLWATER TOWNSHIP, 964 STILLWATER ROAD, NEWTON, NJ 07860

THIS PROGRAM IS FOR STILLWATER TOWNSHIP RESIDENTS PLEASE FILL OUT ONE APPLICATION PER CHILD

NAME: _____

WEEK #1 _____ WEEK # 2 _____ OR BOTH WEEKS _____ GRADE IN SEPTEMBER _____

CHILD'S SPECIAL NEEDS OR ALLERGIES _____

PARENTS/GUARDIANS: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

**EMAIL ADDRESS _____

****Must provide an email address for any information that needs to be sent to parents or guardians.**

EMERGENCY CONTACT & PHONE # _____

During summer camp we take photos of many activities to share on our facebook I/We give permission for photos of my child taken at summer camp to be posted in social media pertaining to Stillwater Summer Recreation Camp.

Initial: _____ Date: _____

The Stillwater Township Summer Recreation program will be following procedures to keep all campers, counselors, and their families safe. These standards are based on the current guidelines and recommendations set forth by the Center for Disease Control's (CDC) Youth and Summer Camps Standards, American Camp Association (ACA), as well as the NJ Health Department, and are subject to change.

HOLD HARMLESS CLAUSE: THE UNDERSIGNED UNDERSTANDS THE RULES AND REGULATIONS OF THE STILLWATER TWP. REC. COMMISSION PERTAINING TO THE USE OF STILLWATER TWP FACILITIES AND AGREES TO ABIDE BY THEM. UNDERSIGNED FURTHER ASSUMES ALL RISK INCIDENT TO ITS OPERATION ON ITS SAID GROUNDS AND FACILITIES AND AGREES NOT TO SUE THE STILLWATER TWP. REC. COMMISSION OR THE TWP. OF STILLWATER. THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY THE STILLWATER TWP. REC. COMMISSION AND THE TWP. OF STILLWATER AND SAVE IT HARMLESS FROM ANY AND ALL CLAIM OR CLAIMS BROUGHT AGAINST IT BY OR ON BEHALF OF ANY PERSON, FIRM OR CORPORATION BASED UPON ANY ACT OR OMISSION OR ANY ALLEGED NEGLIGENCE OF THE UNDERSIGNED.

IN WITNESS, WHEREOF, I HAVE HEREUNTO SET MY HAND THE _____ DAY OF _____, 2024

Parent/Guardian SIGNATURE: _____

REGISTRATION MUST BE RECEIVED NO LATER THAN August 5, 2024

[Any applications received after August 5, 2024 will be charged a \$15.00 LATE FEE to ensure efficient staffing]



Any Questions Please Contact Tara Tosti 973-903-5604 taratosti@gmail.com

