

Outdoor Active Recreation Summer Sunshine Program 2021

Participant Name: _____ Home Phone: _____

Address: _____ Town: _____ Zip: _____

Birthdate: ____/____/____ Age: _____ Gender: M F **Grade (as of Sept. 2021):** _____

PARENT(S) OR GUARDIANS: Information must be complete for both parents, unless one is a non-custodial parent. Submit any pertinent court orders at time of registration.

Primary Email Address: _____

Parent /Guardian Name: _____

Parent /Guardian Cell #: _____ Parent /Guardian Day #: _____

Alt. Email Address: _____

Alt. Parent /Guardian Name: _____

Alt. Parent /Guardian Cell #: _____ Alt. Parent /Guardian Day #: _____

DEPARTURE & EMERGENCY PICK UP: You must provide information for at least two persons, other than parents, who are authorized to pick-up your child and who may be notified in case of emergency. These people should live in Ocean Township and must be available to pick up your child(ren) if parent is not available. These individuals, as well as parents, must be prepared to show a photo ID when signing-out the participant.

1. Departure/Emergency Pick Up Name & Phone #: _____
(Required)
2. Departure/Emergency Pick Up Name & Phone #: _____
(Required)
3. Departure/Emergency Pick Up Name & Phone #: _____
4. Departure/Emergency Pick Up Name & Phone #: _____

Please read and sign below:

The Township of Ocean encourages all to participate in our programs. If your child has an individualized need due to a disability and may require a reasonable accommodation to successfully participate, please provide us with specific information as noted below. If your child requires any medication during program hours you must submit - 1. doctors prescription 2. written parental permission for child to take medication 3. completed Emergency Action Plan 4. medication prior to the start of the program. (All pertinent information/medication must be received at least three weeks prior to the start of the program.)

1. Will the registrant require any medication during the program operating hours? **YES NO**
(Inhaler- EpiPen- Prescribed Medicine- etc.)
2. Does the registrant require a reasonable modification because of disability to enjoy this program? **YES NO**
3. Does the registrant have any allergies or other medical conditions of which staff should be aware? **YES NO**
4. Program Rules and Guidelines are available on-line at oceanwp.org and at Dept. of Human Services. I understand it is the parent/guardian's responsibility to review Program Rules and Guidelines prior to child's attendance in the program.
5. REFUND/CREDIT POLICY - Request for a refund/credit must be made in writing. Granted refunds will be assessed a \$10.00 service charge. Refunds/credits will not be considered following the start of the program. Refunds/credits will be granted if the vacated spot can be filled prior to the start of the program.
6. Due to the strenuous nature of some activities, registrants should consult a physician prior to participation.
* Please note participants assume the responsibilities of all reasonable risks that may exist due to participation in these programs.
7. It is understood that images of participants may appear in footage on the Township cable station, the Township's website and Facebook/Twitter page and in photographs promoting activities sponsored through the Department of Human Services.

The signature below indicates that I have read and understand the information provided on this registration form.

Parent/Guardian Signature

Date

Please complete information on the reverse side.

Outdoor Active Recreation Summer Sunshine Program 2021

Participant Name: _____

Grade (as of Sept. 2021): _____

FA# _____

Outdoor Active Recreation is a sunshine program for youth entering 1st through 8th grade. Your child's day will be filled with crafts, active and passive outdoor play and on-site special events. **Two days per week each group in the program will meet at the Township of Ocean Pool Facility.** This outdoor program will run on *fair weather days only*, at Oakhurst Park off Larkin Ave or the Twp. Of Ocean Pool facility. A delayed opening schedule, due to weather may be implemented. Outdoor Active Recreation is held Monday—Thursday (except July 6 -9, T-F) from 8:30 am to 4:30 pm with a makeup day on Friday if possible. Program schedule will indicate dates when your child's group will meet at the pool. Children must bring a face covering (wear it when necessary), one bag with their towel, sunscreen, snacks, lunch and water. Registrants temperature will be taken daily at drop-off. Children will remain socially distant and groups will not intermingle.

Place an "X" next to the Grade Level Group for which the participant is to be registered.

Place an "X" next to the Sessions for which the participant is to be registered.

Choose your child's group based upon the grade they are entering in September 2021

_____ 1st & 2nd grade group

_____ 3rd & 4th grade group

_____ 5th & 6th grade group

_____ 7th & 8th grade group

Outdoor Active Recreation : \$250.00/session residents - \$275.00/session non-residents

\$125.00 per child/per session due at registration. Balance due June 2, 2021. Payments must be made by credit/debit card, check, or money order. No cash payments over \$50.00.

Checks payable to: Township of Ocean; See reverse side for refund/credit policy. All fees are due at the time of registration

Location: Oakhurst Fireman's Field (Off Larkin Dr. in Oakhurst)/Twp. of Ocean Pool Facility 601 West Park Ave.

_____ Session 1	June 28 -July 9 (Rain Date 7/2 No Program 7/5 Program will run on 7/9)	Amount: _____	CC/CK: _____	Date: _____	
_____ Session 2	July 12 - 22 (Rain Date 7/16 & 7/23)	Amount : _____	CC/CK: _____	Date: _____	
_____ Session 3	July 26 - Aug. 5 (Rain Date 7/30 & 8/6)	Amount : _____	CC/CK: _____	Date: _____	
_____ Session 4	August 9 -19 (Rain Date 8/13 & 8/20)	Amount: _____	CC/CK: _____	Date: _____	

Registration: February 24 for Residents, until maximum capacity is met
If space is available as of March 17 Non-Residents may register.

Please complete information on the reverse side.