

Chairman – Bill Gleason

Site: 1 Drake Lane, S. Toms River, NJ 08757

Phone: (732) 505-3243 or (908) 783-0291

2022 STR RECREATION SUMMER CAMP

Registration Form

Name of camper: _____ Age: _____ Date of Birth _____ M / F

Address: _____

ID/Proof of Residency: _____ Shirt size: _____ youth / adult S M L XL 2X

Payment (check one): CASH CHECK # _____ OTHER _____ Amt. Pd \$ _____

Emergency Contacts: (1) Name: _____ Relationship to Camper _____

Phone #: _____ Email: _____

(2) Name: _____ Relationship to Camper _____

Phone #: _____ Email: _____

Pediatrician: _____ Office Phone#: _____

Please list ALL Special Needs/Allergies/ Medical Conditions and/or Medications:

I AUTHORIZE ANY AND ALL NECESSARY MEDICAL TREATMENT TO BE GIVEN TO THE CAMPER LISTED ABOVE IN THE EVENT OF AN EMERGENCY.

I DO NOT AUTHORIZE THE SPECIFIC MEDICAL TREATMENT LISTED BELOW TO BE GIVEN TO THE CAMPER LISTED ABOVE. _____

Please list the **Full Name** and Phone # of two (2) persons who are AUTHORIZED to PICK-UP your child in addition to the emergency contacts above:

(1) _____ (2) _____

PLEASE READ AND SIGN THE STATEMENT BELOW:

I have received, read, understand and agree that the camper listed above and I will abide by **ALL Rules and Responsibilities of the STRRC SUMMER CAMP PROGRAM.**

Parent/Guardian: (signature) _____ Please PRINT Name: _____

Date: _____ Phone # _____ Email _____