



**MONMOUTH COUNTY PARK SYSTEM
SUMMER CAMP PARTICIPANT INFORMATION/
PICK-UP AUTHORIZATION FORM**

COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR PARTICIPATION

**Return to: Thompson Park Visitor Center, Monmouth County Park
805 Newman Springs Road, Lincroft, NJ 07738**

PLEASE PRINT

Participant's Name: _____ Date of Birth: _____ Sex: _____

Camp Name	Program #	Start Date	Location

Parent/Guardian Name: _____ Home Phone #: _____

Home Address: _____ Work Phone #: _____

City / Town: _____ State: _____ Zip: _____ Cell Phone #: _____

2nd Parent / Guardian Name: _____ Home Phone #: _____

Address (if different): _____ Work Phone #: _____

City / Town: _____ State: _____ Zip: _____ Cell Phone #: _____

Local Emergency Contact if parent or guardian is not available:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

PICK-UP AUTHORIZATION FORM IS REQUIRED FOR EACH CAMP PARTICIPANT

The following individual(s), who are at least 18 years of age, are authorized to pick up my child from summer camp. I understand my child needs to be signed out from camp each day and will be allowed to leave only with these individuals

REMEMBER THAT THE AUTHORIZED PERSON PICKING UP YOUR CHILD FROM CAMP MUST PRESENT PHOTO IDENTIFICATION.

AUTHORIZED PERSONS Including parents/guardians (please print)	RELATIONSHIP TO CHILD	PHONE NUMBER

If anyone else comes to pick up your child who is not indicated on this authorization form, we will not be able to release your child to them without prior permission from you.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME PRINTED: _____



MONMOUTH COUNTY PARK SYSTEM
PARTICIPANT HEALTH & ACCOMMODATIONS FORM
COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR PARTICIPATION

Participant's Name: _____

Please share with us any MEDICAL or OTHER CONCERNS that we should know about.

(Attach additional sheets, if necessary)

MEDICAL CONCERNS:

Please list any restrictions, physical, intellectual or developmental disabilities or chronic recurring illness. (Example: Asthma, ADHD, severe allergies) If taking medication during camp, please provide medical orders/doctor's protocol/action plan. All medication must be labeled and stored in original container. Parent/Guardian must fill out and sign the Medication Authorization Form. Participant must be capable of administering these medications with supervision.

ALLERGIES: *Example: food, insect bites*

Does the participant have any allergies? **Yes** **No**

If yes, please list specifics. If yes, you must also complete a Allergy Action Plan form.

Does the participant need any **SPECIAL ACCOMMODATIONS?** **Yes** **No** If yes, please list.
Example: Inclusion coach (aide), sign language interpreter, etc. Please complete the Inclusion Profile form so that reasonable accommodations may be made.

I hereby certify that I am the parent/guardian of _____ and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

Parent/Guardian (signature)

Parent/Guardian (print name)

Date



MONMOUTH COUNTY PARK SYSTEM
RELEASE AND ASSUMPTION & ACKNOWLEDGEMENT OF RISK FORM
COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR
PARTICIPATION

Participant's Name: _____

FOR ALL CAMPS – RELEASE FORM

I have enrolled my child/dependent in a program sponsored by the Monmouth County Board of Recreation Commissioners (Board) and in connection with the enrollment, I certify that:

1. I have read the synopsis of the program and I hereby understand, accept and assume all the risks of my child's/dependent's participation in the program.
2. To the best of my knowledge, my child/dependent is physically able to participate in the program and I know of no physical condition and/or disability, which would prevent his/her participation in the program.
3. My child/dependent will abide by the decisions of the program leader with regard to all aspects of the activities within the program.
4. To the best of my knowledge, my child/dependent has all of the necessary qualifications to perform all activities in the program.
5. I hereby agree to hold harmless and release the Board, its employees, its agents, and the County of Monmouth from all claims I or my child/dependent may have including the institution of a lawsuit against the County of Monmouth, County Board of Recreation Commissioners, its employees and its agents, for injuries or losses sustained by me or my child/dependent as the result of participation in the program.
6. I hereby give permission for the use, without fee, of my child's/dependent's name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, MEDICAL EMERGENCIES MAY ARISE WHICH REQUIRES THE MEDICAL SERVICES OF ATTENDING PHYSICIANS, OTHER MEDICAL SERVICES, AND/OR HOSPITAL SERVICES WITHOUT RECEIVING THE PATIENT'S CONSENT TO SAID SERVICES BEING PROVIDED TO MY CHILD/DEPENDENT.
8. I hereby certify that I am the parent/guardian of the participant listed above and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

FOR OUTDOOR ODYSSEY CAMPS – ASSUMPTION & ACKNOWLEDGEMENT OF RISK

Although the Monmouth County Park System (referred to herein as "MCPS") has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge that these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that the MCPS does not want to frighten me or reduce my enthusiasm for this activity, but thinks that it is important for me to know in advance what to expect and to be informed of the program's inherent risks. The following describes some, but not all, of those risks.

- MCPS programs contain environmental risks and hazards including steep, rocky, and/or slippery terrain; rolling or falling rocks; insects, snakes, and large animals; poisonous plants; under- or above-water obstructions; lightning, snow and ice; rapidly moving, deep or cold water, ocean tides, currents, waves, wind and unpredictable forces of nature, including weather which may change to extreme conditions without notice.
- MCPS programs may take place in remote areas. Communication and transportation are difficult and sometimes evacuation and medical care may be delayed.
- Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites or allergic reactions; hypothermia, sunburn, heat exhaustion, dehydration, and other mild or serious conditions.

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

Parent/Guardian's Signature: _____

Date: _____



Monmouth County Park System Behavior Management Policy

Park System staff is looking forward to providing your child with a fun, memorable and safe summer camp experience. Each camper has a responsibility to act in a way that assures a positive experience for all. To that end, all campers are required to follow these guidelines.

Behavior guidelines:

- Campers shall be responsible for their words and actions.
- Campers shall be respectful of others.
- Campers shall follow directions from staff members.
- Campers shall leave all electronic devices at home such as ipods, hand held computer games, MP3 players, and cell phones. (A parent/guardian must seek permission from the camp director in order for the camper to be able to carry a cell phone for emergencies.)

Prohibited behaviors:

- Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
- Stealing, damaging, or failing to care for Park System or personal property.
- Continual disruption of the program.
- Refusal to follow the behavior guidelines.
- Inappropriate physical contact.
- Using profanity or inappropriate language or displaying clothing or other personal items with offensive content.
- Bullying or acts of aggression or violence.
- Possession or use of illegal substances, tobacco, or alcohol.
- Threat of use or possession of weapons- any object that may cause harm to another, or place another person in fear of his/her safety, may be considered a weapon.

When a camper doesn't follow the behavior guidelines, we will take the following steps:

- Counselor will redirect the camper to a more appropriate behavior.
- The camper will be reminded of the behavior guidelines.
- If the behavior persists, staff will discuss the problem with a parent/guardian.
- The staff will document the situation. The written documents will include what the behavior problem is, what provoked the problem, and the corrective action taken.
- If the problem persists to the point where a second phone call becomes necessary, the Camp Director/Supervisory Staff may find it necessary to have the camper picked up.
- If a camper's behavior at any time threatens the immediate safety of him/her, other campers or staff, the parent/guardian will be notified by the Camp Director/Supervisory staff that the camper is being dismissed from camp and the parent/guardian/authorized person is expected to pick up the child immediately.
- If a camper persistently engages in inappropriate behaviors as listed above, the Camp Director/Supervisory Staff will make the determination if the camper is to be dismissed for a day, several days, a week, or the camp season and will notify the parent/guardian to have the camper picked up immediately.

If a camper is sent home/dismissed from camp for failure to comply with the camp rules, no refunds will be given.

Parent/Guardian's Signature: _____

Phone # _____

Participant/Camper's Signature: _____