

Blairstown Department of Recreation

Summer Day Camp – 2022 Registration/Waiver Form

Our Summer Day Camp program offers the following special activities that parents/guardians must be aware of and must provide their additional consent for participation: *Please print neatly*

- **Face Painting (color dyes are used) _____ Can _____ Cannot**
- **Decorating & Consumed
Cookie/Cupcake _____ Can _____ Cannot
(dyes & food ingredients are used) _____ Can _____ Cannot**
- **Freezer Pops – Consumed _____ Can _____ Cannot
(food dyes are used)**

Name _____ Age _____ DOB _____

Grade (completing as of June 11, 2022) _____

Address _____ Telephone# 1 _____

Emergency Phone #2 _____ Medical Problems _____

Email _____

I have read the above activities and have checked what my child can/cannot participate in. I am aware that Freezer pops and the Cookie/Cupcakes may be consumed during the Day Camp hours. I understand that if I grant permission for my child to participate as noted above, and my child requires the use of an Epi-Pen for allergies to food and or insects or the use of an inhaler or any other medical treatment that he or she may need, I am responsible for being in attendance during the times that those activities operate. I understand the instructor, staff and volunteers cannot administer any medical assistance or aid in case of an emergency. I understand in the case of an emergency, 911 will be contacted along with the contact numbers I have listed on this form. I understand the School Nurse is not on duty during the time this program operates. I give permission for my child to participate in all the additional activities and events offered in this program. I am aware that Blairstown Twp. does not provide accident insurance. I agree to hold harmless the Twp., staff and volunteers from any liability for any injury which may occur while in this program. I agree my child will uphold all safety requirements of COVID-19 and COVID-19 Variants. In addition, I give my permission to use any photo/video of my child.

Parents Signature _____ Date _____