



Chairman – Bill Gleason



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

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

2018 STRRC SUMMER CAMP/TEEN PROGRAM Registration Form

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

Address: _____

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

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

Emergency Contacts:(1) Name: _____ Relationship to Child/Teen: _____

Phone #: _____ Email: _____

(2) Name: _____ Relationship to Child/Teen: _____

Phone #: _____ Email: _____

Pediatrician: _____ Office Phone#: _____

Please list ALL Allergies/ Medical Conditions and Medications: _____

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

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

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

(1) _____ (2) _____

PLEASE READ AND SIGN THE STATEMENT BELOW:

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

Parent/Guardian: (signature) _____ Date: _____

Please PRINT Your Name: _____