

CAMPER'S NAME: \_\_\_\_\_

GRADE IN FALL 2013: \_\_\_\_\_

# 2013 SUMMER CAMP REGISTRATION PACKET

COMPLETE ALL PAGES  
- LIMITED ENROLLMENT -

**\*\*EARLY BIRD RATES - REGISTER BY MARCH 23RD\*\***

Allaire Country Day



AT GOODSPORTS USA  
2903 HIGHWAY 138, WALL, NJ 07719  
732-681-4651 or 732-681-8898

# CAMP FEES, SPECIALS & BILLING POLICIES

## ALLAIRE COUNTRY DAY SUMMER CAMP 2013

⇒ **REGISTRATION FEE:** \$55 PER CAMPER.

\$110 maximum per family - 3rd, 4th, etc. children register for free. All children MUST reside at the same address.

⇒ **TUITION PRICING PACKAGES:** REGULAR CAMP HOURS - **9AM to 4PM**

Select a package level for your camper when you submit your registration packet.

Any extra days added to your child's schedule are subject to your originally selected gold, silver or bronze pricing.

### K - 8TH GRADE CAMPERS

| <u>PACKAGE</u> | <u>NO. OF DAYS</u> | <b>EARLY BIRD</b><br><u>CAMP RATES</u> | <b>CAMP RATES</b><br><u>AFTER MARCH 23RD</u> |
|----------------|--------------------|--|--|
| GOLD           | 41-54 Days         | <b>\$46 PER DAY</b>                    | \$52 PER DAY                                 |
| SILVER         | 25-40 Days         | <b>\$52 PER DAY</b>                    | \$57 PER DAY                                 |
| BRONZE         | 10-24 Days         | <b>\$58 PER DAY</b>                    | \$62 PER DAY                                 |

### TODDLER / PRE-K CAMPERS

| <u>PACKAGE</u> | <u>NO. OF DAYS</u> | <b>EARLY BIRD</b><br><u>CAMP RATES</u> | <b>CAMP RATES</b><br><u>AFTER MARCH 23RD</u> |
|----------------|--------------------|--|--|
| GOLD           | 41-54 Days         | <b>\$55 PER DAY</b>                    | \$59 PER DAY                                 |
| SILVER         | 25-40 Days         | <b>\$59 PER DAY</b>                    | \$65 PER DAY                                 |
| BRONZE         | 10-24 Days         | <b>\$66 PER DAY</b>                    | \$69 PER DAY                                 |

⇒ **BEFORE & AFTER CARE:** \$7 per hour/per camper or \$10 per hour/per family

Before Care **7:00am - 9:00am** After Care **4:00pm - 6:00pm**

**OPEN HOUSE: SATURDAY, MARCH 23RD - 11AM to 2PM**

\* **EARLY REGISTRATION** (ON OR BEFORE 3/23)

- RECEIVE "EARLY BIRD" CAMP RATES

\* **REGULAR REGISTRATION** (AFTER 3/23)

- RECEIVE "REGULAR" CAMP RATES

#### **TO REGISTER:**

- PAY \$300 DEPOSIT\* + \$55 REG. FEE/PER CAMPER (MAX REG. FEE OF \$110 PER FAMILY)
- COMPLETED REGISTRATION PACKET **MUST** BE SUBMITTED NO LATER THAN **MAY 1ST** OR A \$50 LATE FEE WILL OCCUR

**\*\*\*Registration after May 1st will be accepted with a completed registration packet at time of registration based on availability. NO PENALTY FOR LATE REGISTRATION!**

**\*\*\*HEALTH RELEASE FORMS ARE DUE BEFORE YOUR CHILD STARTS CAMP**

\* **10% OFF TUITION FOR ANY SIBLINGS THAT RESIDE IN THE SAME HOUSEHOLD.**  
Discount does not apply to special event fees or registration fees. Discount applies to daily tuition on silver & gold packages only.

\* **DEPOSITS WILL BE APPLIED TO YOUR FIRST BILLING CYCLE**





# ALLAIRE COUNTRY DAY SUMMER CAMP SCHEDULE FORM

Camper's Full Name: (Please PRINT Clearly)

D.O.B.

Grade in Sept. 2013

## 2013 SUMMER CAMP SCHEDULE

Regular Camp Hours 9:00am - 4:00pm • Before Care Hours 7:00am - 9:00am • After Care Hours 4:00pm-6:00pm

|                           |  |  |
|---------------------------|--|--|
| <b>SELECT A PACKAGE</b> → | <b>1ST - 8TH GRADE CAMPERS</b>   | <b>TODDLER/PRE-K/KINDERGARTEN CAMPERS</b>  |
|                           | <input type="checkbox"/> GOLD 41-54 Days<br><input type="checkbox"/> SILVER 25-40 Days<br><input type="checkbox"/> BRONZE 10-24 Days | <input type="checkbox"/> GOLD 41-54 Days<br><input type="checkbox"/> SILVER 25-40 Days<br><input type="checkbox"/> BRONZE 10-24 Days |

Please check each box for ALL camp days your child is attending. Circle Before Care (BC) and/or After Care (AC) on days that apply.

| WEEK # | DATES         | MONDAY   | TUESDAY  | WEDNESDAY | THURSDAY           | FRIDAY   | Internal Use ONLY<br>AMOUNT DUE |
|--------|---------------|----------|----------|-----------|--------------------|----------|---------------------------------|
| 1      | June 17-21    | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 2      | June 24-28    | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 3      | July 1-5      | BC<br>AC | BC<br>AC | BC<br>AC  | CLOSED<br>JULY 4TH | BC<br>AC | \$                              |
| 4      | July 8-12     | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 5      | July 15-19    | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 6      | July 22-26    | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 7      | July 29-Aug 2 | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 8      | August 5-9    | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 9      | August 12-16  | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 10     | August 19-23  | BC<br>AC | BC<br>AC | BC<br>AC  | BC<br>AC           | BC<br>AC | \$                              |
| 11     | August 26-30  | BC<br>AC | BC<br>AC | BC<br>AC  |                    | BC<br>AC | \$                              |

- **REGISTRATION FEE:** \$55 PER CHILD. \$110 Maximum per family. 3rd, 4th, etc. children register for free. All children MUST reside at the same address!
- **REQUIRED DEPOSIT:** \$300 per camper
- **LATE FEE:** All bills need to be paid in full upon receipt. If payment is not received within 7 days of billing a \$15 late fee will be applied to account & credit card will be charged for the full balance.
- **REGISTRATION REQUIREMENTS:** Please see fees/billing policy pages.
- **CHANGE OF SCHEDULE:** All schedule changes must be made 2 weeks in advance. If more than 2 camp changes occur per family, a \$15 fee will apply per additional change. Any extra days added to your child's schedule will be subject to our regular tuition rates.
- **ALL CHANGES MUST BE MADE IN WRITING.**
- **NO Refunds**

|                    |    |
|--------------------|----|
| Tuition Total      | \$ |
| Discount           | \$ |
| Registration Fees  | \$ |
| Special Event Fees | \$ |
| <b>TOTAL</b>       | \$ |



# REGISTRATION FORM

CAMPER'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE IN SEPT. 2013 \_\_\_\_\_

T-SHIRT SIZE: YS YM YL AS AM AL XL

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

EMAIL (BILLS ARE SENT VIA EMAIL) \_\_\_\_\_  PLEASE MAIL PAPER STATEMENTS

1. PARENT / GUARDIAN \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ WORK \_\_\_\_\_ HOME \_\_\_\_\_

2. PARENT / GUARDIAN \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ WORK \_\_\_\_\_ HOME \_\_\_\_\_

REGISTER EARLY! All balances MUST be paid in full prior to the start of each new 2 week billing cycle.  
NO REFUNDS WILL BE GIVEN.

**Please Read Carefully and sign the following Registration-Understanding/Waiver.**

In consideration for being allowed to participate in any way in ALLAIRE COUNTRY DAY SUMMER CAMP athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with ALLAIRE COUNTRY DAY SUMMER CAMP, GoodSports USA, Inc. or it's staff while they/I am on the premises of ALLAIRE COUNTRY DAY SUMMER CAMP. I acknowledge that at ALLAIRE COUNTRY DAY SUMMER CAMP, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release ALLAIRE COUNTRY DAY SUMMER CAMP and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize ALLAIRE COUNTRY DAY SUMMER CAMP to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. ALLAIRE COUNTRY DAY SUMMER CAMP is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her counselor and refuse to participate. I UNDERSTAND THE ALLAIRE COUNTRY DAY SUMMER CAMP WAIVER POLICY.

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

**CREDIT CARD MUST BE KEPT ON FILE**

CARD TYPE:  VISA  MC  DISCOVER

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature on Card \_\_\_\_\_

PLEASE CHARGE MY CREDIT CARD FOR EACH BILLING CYCLE.

**CAMP POLICIES:**

- NO Refunds
- NO refunds for missed camp days. Payment is due whether or not your child attends camp, unless there is a medical emergency and a doctor's note is provided for 3 or more consecutive days of camp.
- If more than 2 camp changes occur per family, a \$15 fee will apply to any additional changes made.

I understand the Allaire Country Day Summer Camp payment policy. I authorize Allaire Country Day to charge my credit card for any additional fees, and/or outstanding balances.

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_



# TUITION AGREEMENT

I understand the tuition is due and no changes or substitutions in schedule can be made regardless of the following circumstances:

1. If my child is absent due to illness
2. My child is absent due to vacation
3. A holiday falls on my child's scheduled day
4. Delayed openings/early closings due to unforeseen weather conditions or circumstances beyond our control.
5. My child is absent due to any other reason

## **CAMP POLICIES:**

- NO REFUNDS
- NO refunds for missed camp days. Payment is due whether or not your child attends camp, unless there is a medical emergency and a doctor's note is provided.
- \$40 returned check fee.
- At the time of registration you must pay required deposit per camper and \$55 registration fee per camper. (Max \$110 reg. fees per family)
- Special events must be paid for in full with submission of registration packet.
- Contracted Billing - Days you scheduled your child to attend will be billed bi-weekly in advance.
- Actual Billing - Days your child attended but was not scheduled will be billed bi-weekly for the previous 2 weeks attendance along with any before care and/or after care.
- \$15 schedule change fee if more than 2 changes occur per family.
- All schedule changes must be made 2 weeks in advance in writing.
- Any extra days added to your child's schedule are subject to your originally selected package pricing.
- All payments are due upon receipt.
- Any balance over 7 business days will be considered late and subject to a \$15.00 late fee and will be charged to the credit card on file.
- Sign-in/Sign-out instructions will be given to you prior to the start of camp with a welcome letter.
- All billing invoices will be sent automatically via e-mail.  
Please be sure to provide a valid email address on the Registration Form.
- Paper statements will be available upon request.
- Any billing questions should be directed to the accounting department at 732-681-8898.

## **BEFORE / AFTER CARE POLICY:**

- Camp starts at 9am, if you arrive early you can make use of our before care service; otherwise, you must stay with your child until 9am.
- Camp ends at 4pm, if your child is not picked up by then they will be placed in our after care program.
- If your child is dropped off before 9:00am or picked up after 4:00pm your account will be automatically billed for the BC/AC rates.
- You will be charged a minimum of 1 hour. If your child is here after the 1st hour, you will be billed for the 2nd.
- If your child(ren) is not picked up by 6pm you will be charged a \$20 fee per child per hour.

**By choosing one of the daily pricing packages (gold, silver, bronze) on the attached "schedule form", I acknowledge responsibility for payment for at least the minimum days of that package.**

**I understand the Allaire Country Day Summer Camp payment policy. I authorize Allaire Country Day to charge my credit card for any additional fees, and/or outstanding balances.**

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

If you choose to mail your payments, please send to the following address:  
Allaire Country Day Summer Camp, 2903 Highway 138, Wall, NJ 07719



# EMERGENCY CONTACT & AUTHORIZED PICK UP

I authorize the following people to pick up my child from Allaire Country Day. All others MUST present a written request from me for my child to be discharged into their hands, and such in writing absolves Allaire Country Day from responsibility after the child leaves the camp. All written requests will remain on file at the camp. Allaire Country Day has the right to verify identification by asking for proof of ID, such as a drivers license.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT/PICK-UPS - MUST BE 18 YEARS OR OLDER  
(only 2 contacts required)**

1) Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 PLEASE CIRCLE YES OR NO    Emergency Contact: Yes    No    Authorized Pick-Up: Yes    No

2) Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 PLEASE CIRCLE YES OR NO    Emergency Contact: Yes    No    Authorized Pick-Up: Yes    No

Optional: 3) Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 PLEASE CIRCLE YES OR NO    Emergency Contact: Yes    No    Authorized Pick-Up: Yes    No

Optional: 4) Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 PLEASE CIRCLE YES OR NO    Emergency Contact: Yes    No    Authorized Pick-Up: Yes    No

Optional: 5) Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 PLEASE CIRCLE YES OR NO    Emergency Contact: Yes    No    Authorized Pick-Up: Yes    No



# Allaire Country Day Summer Camp AUTHORIZATION FOR EMERGENCY TREATMENT

**CAMPER'S INFORMATION:**

Camper's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Child's Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

**MEDICAL INFORMATION:**

State any medical problems: (If none check here  ) \_\_\_\_\_  
 \_\_\_\_\_

Allergies to medicine, food, insects, animals, etc: (If none check here  ) \_\_\_\_\_  
 \_\_\_\_\_

List any and all medications your child is taking: (If none check here  ) \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICIAN/INSURANCE INFORMATION:**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ ID# \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

**ADDITIONAL INFORMATION YOU FEEL IS NECESSARY:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BY SIGNING BELOW**

I state that I the parent/guardian have legal custody of the above child and attest that the information above is correct. I authorize the Allaire Country Day Camp Director or Director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

**THE FOLLOWING STEPS WILL BE FOLLOWED IN AN EMERGENCY:**

1. The Parent/Guardian will be contacted immediately
2. The child's physician will be contacted
3. We will attempt to contact you through all emergency persons listed on the child's application form
4. If we cannot contact you or your child's physician we will do any of the following:
  - a. Call for emergency first aid
  - b. Call another physician
  - c. Have the child transported to an emergency hospital in the company of a staff member.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date



# EXPULSION POLICY & PHOTOGRAPHY CLAUSE

## EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from this center.

### I. PARENTAL ACTIONS FOR CHILD’S EXPULSION

- Failure to pay and/or habitual lateness in payments
- Failure to complete required forms including immunization records
- Physical and/or verbal abuse to staff

### II. CHILD’S ACTIONS FOR EXPULSION

The camp reserves the right to dismiss any camper who’s condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, staff or fellow campers.

**Allaire Country Day reserves the right to expel a child at any point. No refunds will be issued.**

Name of Center: **Allaire Country Day**

Name of Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PHOTOGRAPHY CLAUSE

**IMAGES:** Permission is hereby given for Allaire Country Day to use digital, photographic, video and audio images and likenesses of camper in promoting camp and other ventures directly related to camp.

CHILD’S NAME \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_



# HEALTH RELEASE FORM

This form **MUST** be completed by a licensed physician and returned with the registration form.

CHILD'S NAME \_\_\_\_\_

GRADE IN SEPT. 2013 \_\_\_\_\_

### Immunization History

| <i>Vaccines</i>               | <i>DATES</i> |  |  |  |  |  |
|-------------------------------|--------------|--|--|--|--|--|
| DTP                           |              |  |  |  |  |  |
| Haemophilus Influenza b (HIB) |              |  |  |  |  |  |
| Polio                         |              |  |  |  |  |  |
| Measles/Mumps/Rubella (MMR)   |              |  |  |  |  |  |
| Hepatitis B                   |              |  |  |  |  |  |
| Tuberculin Test Given         |              |  |  |  |  |  |
| Pneumococcal Conjugate (PCV)  |              |  |  |  |  |  |
| Varicella                     |              |  |  |  |  |  |
| Other: _____                  |              |  |  |  |  |  |

### Physician's Health Care Recommendations

|  |              |  |
|--|--------------|--|
| The last date I examined the above applicant was _____                                 |              | (Date Examined)  |
| The above's condition <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT  |              | preclude his/her participation in a summer camp/after school care program.             |
| Height _____   | Weight _____ | Blood Pressure _____   |
| The applicant is under the care of a physician for the following condition(s):         |              |  |
| Current treatment (include current medications):                                       |              |  |
| Explanation of any reported loss of consciousness, convulsion, or concussion:          |              |  |
| Does Applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No |              | Does Applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Recommendations & Restrictions While at Summer Camp

|   |
|---|
| Any treatment to be continued at site?                        |
| Any allergies (food, drugs, plants, insects, etc.)?           |
| Any medication to be administered at site (specific dosages)? |
| Additional health information                                 |

### PHYSICIAN'S SIGNATURE

|                                |   |
|--------------------------------|---|
| Licensed Physician's Signature |   |
| Address: _____                 | Phone # _____                                     |
| Date Form is Completed: _____  | If Form Completed by Nurse, please initial: _____ |



# SPECIAL EVENTS

PRE-K thru 8th Grade Registration (Min. 4 years old)

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE IN SEPT. 2013 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

| EVENT                    | LOCATION     | DAY       | DATE | NOTES                      | GRADE   | LUNCH        | WAIVER | FEE  | TOTAL |
|--------------------------|--------------|-----------|------|----------------------------|---------|--------------|--------|------|-------|
| ASPIRING ARTIST          | GOODSPORTS   | WEDNESDAY | 6/26 |                            | PK-8TH  | NOT PROVIDED |        | \$15 | \$    |
| LIZARD GUY               | GOODSPORTS   | TUESDAY   | 7/2  |                            | T-4TH   | NOT PROVIDED |        | \$15 | \$    |
| PIRATES ON THE MANASQUAN | WALL         | MONDAY    | 7/8  |                            | PK-3RD  | NOT PROVIDED |        | \$25 | \$    |
| PLANETARIUM              | TOMS RIVER   | WEDNESDAY | 7/10 |                            | PK-3RD  | NOT PROVIDED |        | \$20 | \$    |
| ICE SKATING              | HOWELL       | THURSDAY  | 7/11 |                            | 1ST-8TH | PROVIDED     |        | \$25 | \$    |
| KAYAKING                 | BELMAR       | FRIDAY    | 7/12 |                            | 4TH-8TH | NOT PROVIDED | X      | \$35 | \$    |
| BOWLING                  | SEA GIRT     | TUESDAY   | 7/16 | SNEAKERS REQ.              | PK-8TH  | PROVIDED     |        | \$20 | \$    |
| FIREBALL MOUNTAIN        | WRIGHTSTOWN  | WEDNESDAY | 7/17 | 8:30 ARRIVAL               | 4TH-8TH | PROVIDED     | X      | \$35 | \$    |
| MONSTER MINI GOLF        | MARLBORO     | THURSDAY  | 7/18 |                            | PK-8TH  | PROVIDED     |        | \$25 | \$    |
| SURFING                  | BELMAR       | MONDAY    | 7/22 |                            | 4TH-8TH | NOT PROVIDED | X      | \$35 | \$    |
| FUN BUS                  | GOODSPORTS   | WEDNESDAY | 7/24 |                            | T-1ST   | NOT PROVIDED |        | \$15 | \$    |
| MEDIEVAL TIMES           | LYNDHURST    | WEDNESDAY | 7/24 |                            | 3RD-8TH | PROVIDED     |        | \$55 | \$    |
| BLACKBEARDS CAVE         | BAYVILLE     | FRIDAY    | 7/26 |                            | K-8TH   | PROVIDED     |        | \$40 | \$    |
| ASPIRING ARTIST          | GOODSPORTS   | MONDAY    | 7/29 |                            | PK-8TH  | NOT PROVIDED |        | \$15 | \$    |
| JENKINSONS AQUARIUM      | PT. PLEASANT | TUESDAY   | 7/30 |                            | PK-8TH  | NOT PROVIDED |        | \$25 | \$    |
| BLUE CLAWS               | LAKEWOOD     | WEDNESDAY | 7/31 |                            | 1ST-8TH | PROVIDED     |        | \$25 | \$    |
| SAND CASTLE CONTEST      | BELMAR       | THURSDAY  | 8/1  |                            | PK-8TH  | NOT PROVIDED |        | \$20 | \$    |
| RAINBOW ART GLASS        | WALL         | MONDAY    | 8/5  |                            | 4TH-8TH | NOT PROVIDED |        | \$20 | \$    |
| HOUSE OF BOUNCE          | WALL         | TUESDAY   | 8/6  | SOCKS REQ.                 | PK-3RD  | PROVIDED     |        | \$25 | \$    |
| KAYAKING                 | BELMAR       | THURSDAY  | 8/8  |                            | 4TH-8TH | NOT PROVIDED | X      | \$35 | \$    |
| PIRATES ON THE MANASQUAN | WALL         | FRIDAY    | 8/9  |                            | PK-3RD  | NOT PROVIDED |        | \$25 | \$    |
| BLACKBEARDS CAVE         | BAYVILLE     | TUESDAY   | 8/13 |                            | K-8TH   | PROVIDED     |        | \$40 | \$    |
| BOWLING                  | SEA GIRT     | WEDNESDAY | 8/14 | SNEAKERS REQ.              | PK-8TH  | PROVIDED     |        | \$20 | \$    |
| ASPIRING ARTIST          | GOODSPORTS   | THURSDAY  | 8/15 |                            | PK-8TH  | NOT PROVIDED |        | \$15 | \$    |
| FIREBALL MOUNTAIN        | WRIGHTSTOWN  | FRIDAY    | 8/16 | 8:30 ARRIVAL               | 4TH-8TH | PROVIDED     | X      | \$35 | \$    |
| REBOUNDERZ               | EDISON       | MONDAY    | 8/19 | 8:45 ARRIVAL<br>SOCKS REQ. | 1ST-8TH | PROVIDED     | X      | \$40 | \$    |
| SURFING                  | BELMAR       | TUESDAY   | 8/20 |                            | 4TH-8TH | NOT PROVIDED | X      | \$35 | \$    |
| ALLAIRE STATE PARK       | WALL         | THURSDAY  | 8/22 |                            | PK-3RD  | BRING BAGGED |        | \$20 | \$    |
| ASPIRING ARTIST          | GOODSPORTS   | TUESDAY   | 8/27 |                            | PK-8TH  | NOT PROVIDED |        | \$15 | \$    |

SPECIAL EVENTS TOTAL \$ \_\_\_\_\_



# SPECIAL EVENTS

PRE-K thru 8th Grade Registration (Min. 4 years old)

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (EMERGENCY CONTACT) \_\_\_\_\_

**PERMISSION/WAIVER** I hereby give permission for the above-named child to participate in A.C.D. Special Events. By signing below I hereby release and agree to hold harmless GoodSports USA and it's staff to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from the above named child's participation. I give permission for the above named child to ride on the bus/van to any event that is off-site from the GoodSports USA campus. I hereby authorize the GoodSports USA and Allaire Country Day staff to obtain any needed medical assistance for my child in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- All special event fees are in addition to existing regular camp fees
- Event days/times subject to change
- Payment is due in full at time of registration.
- In order to participate in any "Special Event" the camper(s) must be registered for camp on the date of the event above and paid in full.
- Special event fees listed are per camper/per event. These are NOT included in regular camp fees.

LIMITED SPOTS AVAILABLE!!

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