



The Rutgers Gardens  
 School of Environmental and Biological Sciences  
 Rutgers, The State University of New Jersey  
 112 Ryders Lane  
 New Brunswick, NJ 08901

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## 2017 Day Camp Registration Form:

**Date/Time** – August 7 – August 11 8:30 am – 4:30 pm

**Camper Information** (please print):

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed as of June 2017 \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_

**Emergency Contacts** (please print):

1. Name & Relationship: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Individuals Authorized for Pick-Up:** Parents, emergency contacts and authorized adults will be the only individuals permitted to pick up your child from camp. If an individual's name is not on the list, they will not be permitted to pick up your child. Any additions or deletions must be completed in writing.

	Name:	Relationship	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Optional Photo Release:** I give Rutgers permission to record the image and or voice of the minor named below, and I grant Rutgers all rights to use the sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that supports the mission of the University. I agree that all rights to the sound, still or moving images belong to Rutgers.

Childs Name: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signatureDate



**Payment Information:** We accept MasterCard and Visa or checks/money orders made payable to Rutgers Gardens. Credit Card payments can be made on line at our website or by calling our office during business hours. All necessary paperwork must be mailed to Rutgers Gardens, 112 Ryders Lane, New Brunswick, NJ 08901.

Session	Fee	# of Children	Total
August 7 - 11 8:30am - 4:30pm	Early Bird ends May 31, 2017	\$325.00	
	Paid after May 31, 2017	\$350.00	
	Member Early Bird ends May 31, 2017	\$300.00	
	Member paid after May 31, 2017	\$325.00	

Payment Information	
Form of Payment	<input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Payment made on line
	I authorize Rutgers Gardens to charge my credit card \$_____
Check or cc number	Exp Date Security Code
Name on card	
Signature	

**Cancellation Policy:**

You may cancel your child's camp registration up to **two weeks** before the first day of camp. We are not able to give refunds for cancellations with less than two weeks' notice. A \$25 administrative handling fee per child will be assessed for all cancellations. To cancel, please call (732)932-8451. If your child is unable to attend camp due to medical reasons, you may receive a refund (minus a \$25 handling fee) at any time prior to the start of camp by providing a doctor's note. Camps cancelled by the Garden because of low enrollment or Garden closure will be automatically fully refunded. The Garden reserves the right to cancel a camp due to low enrollment.



**Health Guidelines/Procedures:**

- Rutgers Gardens camp staff is trained in First Aid and CPR and will administer first aid for minor injuries.
- Parents/Guardians will be notified by Gardens staff of injuries that require extensive first aid or additional observation by a physician.
- At no time will a registered nurse be on duty during the camp.
- Rutgers Gardens staff does not administer any form of medication.
- In the case of a medical emergency, 911 and the Rutgers Police will be called. You will be contacted immediately.

**Medical History Information:**

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

At no time will a child be knowingly placed in a harmful or dangerous situation. However, camp activities can subject the body to a variety of influences that may become potentially hazardous. Some of the hazards include, but are not limited to, scrapes, bruises, bug bites, muscle strains and broken bones. Day camp is comprised of many physical activities which involve physical exertion. A camper must be in good health, free from cardiovascular and respiratory disease and have good exercise tolerance. Please list below any conditions your child may have that would prohibit them from taking part in activities.

Please identify below any physical or medical conditions and medication your child is taking which might affect their performance or which should be known to enable first aid or arrange for necessary medical treatment for your child in an emergency situation.



**Allergies:** Does your child have any allergies Yes No

If yes, please describe the allergy and the severity of the reaction that may result.

- Food: \_\_\_\_\_
- Environmental (including insects,plantsetc): \_\_\_\_\_  
\_\_\_\_\_
- Medications: \_\_\_\_\_

**Sun Screen:** I give my permission for my child to have sunscreen applied while at camp. Yes No

**Snack:** My child has permission to partake in the peanut free snack served at camp daily. Yes No

**Medical Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

Parent/ Guardian Emergency Treatment Authorization: In the case of an emergency or illness, I give permission to the camp to provide and consent to routine health care and emergency treatment for my child, as may be necessary, and further I authorize and consent to the administration of any treatments including but not limited to x-rays, routine tests and treatments, and/or hospitalization as may be ordered by the medical care provider in attendance. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I agree that I have read, answered and agree with all of the above policies and guidelines.

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