

Laflin Recreation Board 2024 Summer Camp Registration Form

Please Register Each Child by June 7th (drop off at Borough Bldg. Office or Library)

Location Laflin Borough Bldg. Playground
Activities Crafts - Sports - Games - Library Time
- Free Play
Dates June 24th – August 2nd
Days Monday - Wednesday - Friday
Time 9:00am – 12:00 noon
Ages 5 to 12 years (by June 15th)
Children & Grandchildren of Laflin Residents
Activity Fee \$20 per Child of Laflin Residents
Payable to: Laflin Recreation Board
Fee(s) due at time of registration!

The fee helps to cover special treats such as pizza, ice pops, snacks, and special events (examples include pretzel program, crafts, and zoomobile (in conjunction with the library).

A calendar of events and activities will be provided at the start of camp.

This is a structured camp with adult counselors (18 years of age minimum). The children will have free play; however, the children must participate in the planned activities and programs also. We want to make it fun and safe for all.

Miscellaneous Please note that children ages 4 & under may attend the camp, however, a responsible parent or guardian, must stay with the child and many activities are not specifically geared toward children in this age group.

Thank you for your continued support.

The Laflin Recreation Board

Code of Conduct: The staff of the camp is committed to providing a safe and enjoyable experience for the campers; however, campers are also responsible to assist in these efforts. All campers are to show cooperation, respect for others, and a willingness to participate in all activities. Inappropriate behavior will be addressed on an individual basis and could involve a warning, a phone call to parents/guardians, and / or dismissal from the program. Parents/guardians are responsible to make sure their child understands these guidelines. Please note that for all campers, a responsible adult must sign a daily attendance log at drop off and pick up to ensure all campers are accounted for.

WAIVER OF LIABILITY

We, the undersigned agree and understand that the LAFLIN RECREATION BOARD SUMMER CAMP is not directed, supervised or overseen by the Borough of Laflin (hereinafter "Borough"). The participants are not screened, tested or evaluated by the Borough. The program is designed to involve youths in summer activities. The undersigned participants and parents and/or guardians on their behalf do hereby agree and understand that by participating in the program, they agree to indemnify and hold harmless the Borough, forever waiving their right to any claims, demands, actions and causes of action, and all liability whatsoever against the Borough, the Recreation Board, their agents, servants, employees and representatives. The participants further release and forever discharge the Borough and its agents, servants, employees and representatives, along with its insurers, attorneys and all other persons, firms and corporations, from any and all claims, demands, actions and causes of action, and all liability whatsoever on account of or in any manner arising out of the instant program or anything related thereto.

I give permission for my child(ren), _____ (Age(s) _____ by June 15th), to participate in the Laflin Recreation Board 2024 Summer Camp Program. I understand and agree to the code of conduct and waiver or liability above. I give permission for my child to take part in all supervised activities. I give permission for my child's likeness to be published in the newspaper, on Nextdoor Laflin, other social media, Laflin Borough website or other publications for the purpose of advertisement of the camp. I also give permission for the Laflin Borough Emergency Personnel to evaluate and treat my child in case of injury.

_____ (parent/guardian signature) _____ (date)

Email for Information: _____

Lafin Recreation Board – 2024 Summer Camp Emergency Contact & Medical Information

Emergency Contact must be completed.

		M	F
Child's Name	Date of Birth / Age	Sex	
		M	F
Child's Name	Date of Birth / Age	Sex	
		M	F
Child's Name	Date of Birth / Age	Sex	
		M	F
Child's Name	Date of Birth / Age	Sex	
		M	F
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()		()	
Cell Phone	Cell Phone		
Child's Address:	Parent / Guardian's Address:		
City, State, ZIP Code	City, State, ZIP Code		

Alternative Emergency Contacts

Alternate Emergency Contact	Secondary Emergency Contact		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()		()	
Cell Phone	Cell Phone		
Alternate Address	Secondary Address		
City, State, ZIP Code	City, State, ZIP Code		

Medical Information

Allergies/Special Health Considerations (If filling out for multiple children, please specify which child):

Parent's/Guardian's Signature	Date