

## 2017 SUMMER ADVENTURES PLAYGROUND PROGRAM

### \*\*\*IMPORTANT INFORMATION\*\*\*

1. ABERDEEN RESIDENTS ONLY!
2. ELIGIBILITY: CURRENTLY IN GRADES K THRU 9
3. DATES: Mon.-Fri., June 26 - Aug. 4 (NO CAMP JULY 3<sup>rd</sup> and 4<sup>th</sup>)
4. TIME: Mon.–Thurs. 9 a.m. to 1 p.m.; Fri. 9 a.m. to 12 Noon. Blue Claws game until 3:00pm.  
**No camp unless camper is registered for the trip.**
5. PLACE: MATAWAN ABERDEEN MIDDLE SCHOOL
6. REGISTRATION FEE: \$45.00
7. BUSING PROVIDED FOR ALL ACTIVITIES
8. REGISTRATION DATE STARTS: Monday, May 1
9. DEADLINE FOR ALL REGISTRATIONS: Monday, June 12
10. NO REFUNDS!
11. CHECKS PAYABLE TO: ABERDEEN RECREATION  
MAIL TO: ABERDEEN RECREATION DEPT.  
1 ABERDEEN SQUARE  
ABERDEEN, NJ 07747
12. HOLMDEL PARK AND MAD SCIENCE MEET ON MONDAY. CHOOSE **ONLY ONE** OF THESE ACTIVITIES.
13. ANY TRIPS CANCELLED DUE TO WEATHER CONDITIONS WILL NOT BE REFUNDED; HOWEVER, TICKETS WILL BE GIVEN TO PARTICIPANTS TO BE USED AT ANOTHER TIME.
14. CHECK WITH THE RECREATION DEPT., TO SEE IF YOU QUALIFY FOR FINANCIAL ASSISTANCE.
15. TO REACH THE RECREATION DEPT., PLEASE CALL (732) 583-4200, EXT. 129 or 173.
16. BUS ROUTES INCLUDED
17. IF CHILD IS SIGNED UP FOR AIR TRAMPOLINE, MUST FILL OUT WAIVER FORM(**INCLUDED**)
18. **INSTEAD OF CLIFFWOOD ELEMENTARY SCHOOL, SUMMER ADVENTURES WILL BE AT MAMS.**

**ABERDEEN TOWNSHIP DEPARTMENT OF PARKS & RECREATION  
SUMMER ADVENTURES PROGRAM 2017 – REGISTRATION FORM**

**PLEASE PRINT!**

**SCHOOL ATTENDING** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SEX:** M \_\_\_ F \_\_\_ **AGE** \_\_\_ **GRADE ENTERING** \_\_\_\_\_

**CHILD'S LAST NAME** \_\_\_\_\_ **CHILD'S FIRST** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **TOWN** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PARENTS/GUARDIANS' NAMES** \_\_\_\_\_

**PHONE: (HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**EMERGENCY CONTACT (NAME, RELATIONSHIP, PHONE #)** \_\_\_\_\_

\_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**HEALTH/MEDICAL CONDITIONS OR MEDICATION/ALLERGIES:** \_\_\_\_\_

**LIMITED TO THE FIRST 125 PARTICIPANTS**

**Mondays: June 26, July 10, 24, 31**

**CAN ONLY PICK ONE**

Holmdel Park	Free _____
Mad Science Program ( <b>Starts July 10</b> )	
(Ages 6-7 class is limited to the first 25 registrants)	\$35 _____
(Ages 8-11 class is limited to the first 25 registrants)	\$35 _____

**Tuesdays and Wednesdays:**

**Keansburg Water Park \$18 each day:**  
 \_\_\_\_\_ June 27, \_\_\_\_\_ July 18, \_\_\_\_\_ Aug. 1 Total \_\_\_\_\_

**Air Trampoline \$19 each day:**  
 \_\_\_\_\_ July 5, \_\_\_\_\_ July 19, \_\_\_\_\_ Aug.2 Total \_\_\_\_\_

**Fun Time America \$15 each day:**  
 \_\_\_\_\_ July 11, \_\_\_\_\_ July 25 Total \_\_\_\_\_

**Monster Golf \$10 each day:**  
 \_\_\_\_\_ July 12, \_\_\_\_\_ July 26 Total \_\_\_\_\_

**Blue Claws Game \$8 each day:**  
 \_\_\_\_\_ Wed. June 28 \_\_\_\_\_, Mon., July 17 Total \_\_\_\_\_

**Thursdays: June 29, July 6, 13, 20, 27, Aug. 3**  
 Roller Skating \$45 \_\_\_\_\_

**Fridays: June 30, July 7, 14, 21, 28, Aug. 4**  
 Bowling \$45 \_\_\_\_\_

**REGISTRATION FEE - ALL CHILDREN MUST PAY THIS FEE** \$45 \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**Camp will be closed July 3<sup>rd</sup> and 4<sup>th</sup>**

**REGISTRATION FOR SUMMER ADVENTURE**  
**UPDATES**

ANYONE PARTICIPATING IN THE SUMMER  
ADVENTURE PROGRAM MUST REGISTER TO  
RECEIVE CHANGES, CANCELLATIONS OR  
UPDATES.

TO DO SO GO TO  
[WWW.ABERDEENNJ.ORG](http://WWW.ABERDEENNJ.ORG)  
CLICK ON NOTIFICATION SIGN-UP  
FILL OUT FORM  
THEN CHECK OFF SUMMER ADVENTURE  
OR  
TEXT ABERSUMMER TO 888-777 FOR  
UPDATES

**SUMMER ADVENTURES  
PLAYGROUND PROGRAM**

**\*\*\*POLICY FOR 2017\*\*\***

**IF YOUR CHILD IS NOT SIGNED UP FOR  
ANY ACTIVITIES, THERE IS NO CAMP AT  
THE MATAWAN ABERDEEN MIDDLE  
SCHOOL.**

**PLEASE NOTE THAT THERE ARE 2  
ACTIVITIES FROM WHICH TO CHOOSE ON  
MONDAYS. PICK ONLY 1 ACTIVITY FOR  
YOUR CHILD(REN) TO ATTEND THAT DAY.**

**CAMP ON FRIDAYS WILL BE IN SESSION  
FROM 9:00AM-12:00NOON**

**CHILD MUST WEAR CAMP SHIRT IF  
POSSIBLE**

**PLEASE COMPLETE AND KEEP FOR YOUR RECORDS**

**MY CHILD WILL BE ATTENDING THE FOLLOWING ACTIVITIES:**

**Holmdel Park or Mad Science Program(starts July 10)**

June 26\_\_\_\_, July 10\_\_\_\_, July 24\_\_\_\_, July 31\_\_\_\_

**Keansburg Water Park:**

June 27\_\_\_\_, July 18\_\_\_\_, Aug. 1\_\_\_\_

**Air Trampoline:**

July 5\_\_\_\_, July 19\_\_\_\_, Aug. 2\_\_\_\_

**Monster Golf:**

July 12\_\_\_\_, July 26\_\_\_\_

**Fun Time America:**

July 11\_\_\_\_, July 25\_\_\_\_

**Blue Claws: CHILD WILL BE BACK AT SCHOOL AT 3:00PM**

Wed. June 28\_\_\_\_, Mon., July 17\_\_\_\_

**Roller Skating**

June 29\_\_\_\_, July 6\_\_\_\_, July 13\_\_\_\_, July 20\_\_\_\_,  
July 27\_\_\_\_, Aug. 3\_\_\_\_

**Bowling**

June 30\_\_\_\_, July 7\_\_\_\_, July 14\_\_\_\_, July 21\_\_\_\_,  
July 28\_\_\_\_, Aug.4\_\_\_\_

**PLEASE NOTE: Mad Science and Holmdel Park meet on Monday. Choose only one of these activities for your child to attend.**

***PARENT/GUARDIANS - DON'T FORGET TO KEEP THIS PAGE!!!!  
IT IS YOUR RECORD OF WHAT YOUR CHILD HAS SIGNED UP FOR.***

**CHILD MUST WEAR CAMP SHIRTS IF POSSIBLE**

ABERDEEN TOWNSHIP DEPARTMENT OF PARKS & RECREATION  
MEDICAL DATA SHEET

NOTE: A separate form must be completed for each child.

PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_ School Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, if parents, guardian or doctor cannot be reached, call:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Restricted activities for this child \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

**PLEASE NOTE:** All medication must be brought to the camp office with a note. The note must include camper's name, name of medication, dosage and complete instructions regarding times or situations under which it should be administered.

Allergies or reactions \_\_\_\_\_

Recent illness or surgery \_\_\_\_\_

Note any physical conditions to be aware of in case of emergency \_\_\_\_\_

Family Medical/Hospital Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

The above medical data is correct so far as I know, and the child herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the Program Supervisor or the Recreation Director to order x-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency. This form may be photocopied for use out of camp.

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

\_\_\_\_\_  
Date

**\*\*IMPORTANT\*\***

If your child/children does not attend a Matawan/Aberdeen Regional School District school, you must provide a copy of his/her immunization record to the Parks & Recreation Department at the time of registration. No registrations will be accepted without this information!

**ABERDEEN TOWNSHIP DEPARTMENT OF PARKS & RECREATION  
SUMMER ADVENTURES PROGRAM  
PERMISSION SLIP & RELEASE OF CLAIMS**

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**PARTICIPATION:** I, the undersigned parent and/or legal guardian of the applicant (hereinafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in the Aberdeen Township Summer Adventures Program. I verify that the aforementioned information is correct and accurate to the best of my knowledge.

**MEDICAL:** I represent and warrant to you that I am aware of the various physical activities that my child will be participating in and state that the Entrant is physically and mentally able to participate in the Aberdeen Township Summer Adventures Program.

**CONSENT TO TREATMENT:** I authorize such physician or medical staff as the Summer Adventures Program may designate to carry out any minor medical or surgical treatment and/or medication necessary, or take the above named participant to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of such participant. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible, by telephone for permission.

**RELEASE OF CLAIM:** I, the undersigned, hereby agree to indemnify and hold harmless the Township of Aberdeen from any and all claims or actions whatsoever arising from the participation of my child in the Aberdeen Township Summer Adventures Program.

**PERMISSION TO PARTICIPATE:** In permitting the Entrant to participate, I am specifically granting permission to you to use the name, likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Aberdeen Township Summer Adventures Program and in appealing for funds to support such activities.

I, the undersigned, am the parent/guardian of the aforementioned Entrant. I have read and fully understand the provisions of the above release and have explained them to said Entrant. I hereby agree that I and said Entrant will be bound thereby.

\_\_\_\_\_  
**CHILD'S NAME: PLEASE PRINT**

\_\_\_\_\_  
**PARENT/GUARDIAN NAME: PLEASE PRINT**

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

\_\_\_\_\_  
**DATE:**

SUMMER ADVENTURES BUS ROUTES - PLEASE BE AT YOUR BUS STOP AT 8:45 AM  
QUESTIONS REGARDING BUSING PLEASE CALL REGINA KAISER ON 732-705-4019  
QUESTIONS REGARDING SUMMER ADVENTURE PLEASE CALL 732-583-4200 EXT. 129 or 173  
DROP OFF AND PICK UP IS NOW AT MATAWAN AVENUE MIDDLE SCHOOL

**ROUTE 1**

Canfield Ln & Cortland Dr.  
Cambridge Dr. & Clover Ln.  
Church St. & Bailey  
So. Atlantic Ave. & Strathmore Gdns.  
Atlantic Ave. & 4<sup>th</sup> St.  
Atlantic Ave. & Dolan St.  
Lower Main St. & Central Ave.  
Gerard Ave. & Gaston St.  
Lower Main St. and Maple Ave.  
Aberdeen Rd. & Tree Haven  
Cliffwood Ave & Oak Ridge  
County Rd. & Peachtree Village  
County Rd. & Gordon St.  
County Rd. & Joyce St.  
Philip E Frank Way & County Rd.  
County & Rose St.

**ROUTE 2**

Route 79 & Vermont  
Route 79 & Minisink Dr.  
Route 516 & Charles St.  
Oxford Dr. & Overlea Ln.  
Fordham Dr. & Fayette Ln. (both ends)  
Warren Dr. & Lloyd Rd.  
Lloyd Rd. & Jenkisz Ln.  
Route 34 & Randall Way  
White Oak Ln/White Oak Ln.  
Route 34 & Wellington Pl.  
Van Brackle Rd. & Ivy Way  
Idolstone Dr. & Ivy Way  
Van Brackle Rd. & Juniper Pl.  
Line Rd. & Ivyhill Dr.  
Line Rd & Imbrook Ln.  
Strathmore School  
Line Rd. & Andover Ln.  
Line Rd. & Blair Rd.  
Line Rd. & Arden Ln.  
Route 34 & Wyndham Dr.

**ROUTE 3**

Deerfield Ln. & Drexel Ln. (mid way)  
Norwood Ln. & Northland Ln.  
Nutmeg Rd. & Navajo Dr. (both ends)  
Prospect Ave. & Gulden St.  
Prospect Ave & Melrose  
Beachwood Dr. & S. Concourse  
North Concourse & East Concourse (Venas Corner)  
West Concourse & Greenwood Ave. (North End)  
Lakeshore Dr. & Laurelhurst Ave.  
Cliffwood Ave & Hawthorne St. (VFW)  
W. Prospect Ave & Riverdale Dr.  
Matawan Ave. & Grove & W. Prospect  
Matawan Ave. & Ken Gdns (by sign)

*AIR PLUS TRAMPOLINE SPORTS, INC*

**WAIVER OF JURY TRIAL AND AGREEMENT TO ARBITRATE CLAIM OF MINOR CHILD**

PLEASE READ THIS AGREEMENT CAREFULLY. IT PROVIDES THAT IF YOUR CHILD(REN) SUSTAIN PERSONAL INJURIES OR ECONOMIC OR NON ECONOMIC LOSS WHILE PARTICIPATING IN OR ON TRAMPOLINES OR TRAMPOLINE RELATED ACTIVITIES OR DEVICES AT **AIR PLUS TRAMPOLINE SPORTS, INC**, YOU AGREE THAT ANY AND ALL CLAIMS THAT YOUR CHILD MAY HAVE WILL BE RESOLVED BY BINDING ARBITRATION. ARBITRATION REPLACES THE RIGHT TO GO TO THE COURT, INCLUDING THE RIGHT TO A JURY TRIAL AND THE RIGHT TO PARTICIPATE IN CLASS ACTION OR SIMILAR PROCEEDINGS. IN ARBITRATION, A DISPUTE IS RESOLVED BY AN ARBITRATOR INSTEAD OF A JUDGE OR JURY. ARBITRATION PROCEEDINGS ARE SIMPLER AND MORE LIMITED THAN COURT PROCEEDINGS.

1. This document is a legal agreement between you and Air Plus Trampoline Sports, Inc, operators of Air Trampoline Sports, Cliffwood, NJ, their officers, directors, franchisors, employees and agents (hereinafter ATS). In consideration and as a condition for ATS allowing your child(ren) to gain admission to Air Trampoline Sports, and allowing your child(ren's) participation in or on any trampoline court or trampoline court related games and activities, you, your spouse, your children, heirs, assigns, and personal representatives, agree that if your child(ren) sustains personal injuries at Air Trampoline Sports, in the course of Trampoline court or Trampoline court related activities, including but not limited to the foam pit, you agree to waive your child's right to a Jury Trial in a Court of Law and agree instead to settle any and all disputes, statutory claims or claim for damages by Arbitration before the American Arbitration Association (AAA) or JAMS. You may obtain copies of the current rules of each of the arbitration firms and forms and instructions for initiating an arbitration by contacting them as follows:

**a. American Arbitration Association, 800-778-7879 (toll free) website: [www.ADR.org](http://www.ADR.org)**

The AAA is an independent agency which resolves disputes fairly and without favoritism. The rules in Arbitration are different than in a lawsuit. There is no judge or jury in an Arbitration proceeding as there is in a Court of Law, and review is limited. But an arbitrator can award the same damages and relief, or rule in favor of ATS, as a court of law would. The address of the Association is 220 Davidson Avenue, Somerset, New Jersey, 08873. You agree that any and all disputes and claims against ATS will be decided by the AAA. You are not required to hire a lawyer to make your claim and you can prosecute this case yourself. If you hire your own lawyer, you must pay your own lawyer. You acknowledge that your child's participation in or on any trampoline court or trampoline court games and related activities may involve known inherent and unanticipated risks that could results in physical or emotional injury including, but not limited to, broken bones, sprains or torn ligaments, paralysis, death or other bodily injury or property damage to others. You understand that such risks cannot be eliminated without jeopardizing or changing the essential qualities of the activity.

\_\_\_\_\_  
initial

2. You acknowledge that there are inherent risks in the participation in or on any trampoline court or trampoline games and related activity. Your child(ren) by participation, accept the risks inherent in such participation and agree to obey all oral or written warnings and instructions, or both, prior to or during participation.

Here are the legal rights that you are giving up on behalf of your child(ren) when you sign this legal document:

- a. You give up your child(ren)'s right to sue ATS or its agents or employees, in a Court of Law.
- b. You give up your child(ren)'s right to a trial by jury or by a judge sitting without a jury in a court of law.
- c. You give up your child(rens) right to claim economic or non economic loss or damages from ATS unless ATS or its agents or employees committed acts of gross negligence or willful and wanton misconduct.
- d. You give up the right on behalf of your child(ren) to recover damages to punish or make an example of Air Trampoline Sports.
- e. To the extent that any claim that your child may have against ATS has not been released or waived by this agreement, including any statutory claim, you acknowledge that you have agreed that your child's sole remedy is to arbitrate such claim and that such claim may only be brought against ATS in accordance with the above Waiver of Trial and Agreement to Arbitrate.

\_\_\_\_\_  
initial

3. You certify that you are the parent or legal guardian of the child(ren) listed above on this Agreement or that you have been granted Power of Attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) listed in this Agreement. You further certify that you have had sufficient opportunity to read this entire document. You understand this is a Legal Agreement and you voluntarily agree to be bound by its terms and to bind your child(ren) to its terms. You agree and understand that this waiver of jury trial and agreement to arbitrate will remain in full force and effect on each and every occasion that your child(ren) visit ATS at any location. You agree that if any section or paragraph of this agreement is declared void or unenforceable, the remaining sections and paragraphs will remain in full force and effect.

\_\_\_\_\_ initial

By signing this document, you certify that you agree to the terms of this Arbitration Agreement.

**NAME(S) AND DATE(S) OF BIRTH of All Children Under 18.  
For Whom I Am Signing This Document As Parent Or Legal Guardian**

**REMINDER: YOU CANNOT SIGN FOR A FRIEND OR SOMEONE ELSE'S CHILD**

Participant 1: First Name	Last Name	Birth date
Participant 2: First Name	Last Name	Birth date

**AGREED AND ACCEPTED:**

Address of Participant \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Identification (license) \_\_\_\_\_

Email Address \_\_\_\_\_

Signature, \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

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

(False representation as a Minor's Parent or Legal Guardian is FRAUD. Any damages relating thereto suffered by ATS will be pursued to the full extent permitted by law).