



## 2024 CAMP CAPE MAY REGISTRATION FORM

**JUNE 17, 2024 – AUGUST 9, 2024**  
**Monday – Friday 9:00 AM – 3:00 PM**  
**Ages 5 – 10**  
**Kiwanis Park**

*Ice Visit,  
Nature Center,  
Magic Show  
And More!*

*Chocolate Day,  
Movie Day,  
Pool days,  
Galore!*

**FEES & REGISTRATION**  
**All Summer (8 Weeks) - \$1,000**  
**Weekly (based on availability) - \$200 Per Week**

### CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**(PROOF OF AGE REQUIRED FOR ALL CAMPERS)**

Camper's T-Shirt Size (please circle): **CHILD / ADULT**    **X-SMALL / SMALL / MEDIUM / LARGE / X-LARGE**

List any Allergies: \_\_\_\_\_ Allergic to Stings? YES / NO

### PARENT / GUARDIAN INFORMATION

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Emergency Contact Name and Phone Number (OTHER THAN PARENT/GUARDIAN):

Name:

Phone Number:

Additional Name(s) and Phone Number(s) of those allowed to pick up Camper:

Name and Phone Number:

Name and Phone Number:

Name and Phone Number:

**PLEASE SELECT WEEKS CHILD WILL BE ATTENDING OR SELECT FULL SUMMER:**

- \_\_\_\_\_ FULL SUMMER (ALL 8 WEEKS)
- \_\_\_\_\_ June 17 - June 21
- \_\_\_\_\_ June 24 - June 28
- \_\_\_\_\_ July 1 - July 5
- \_\_\_\_\_ July 8 - July 12
- \_\_\_\_\_ July 15 - July 19
- \_\_\_\_\_ July 22 - July 26
- \_\_\_\_\_ July 29 - August 2
- \_\_\_\_\_ August 5- August 9

Before and after care is available for an additional fee of \$5.00 per child, per hour. Before care is offered from 8AM until 9AM and **NEW AFTER-CARE HOURS** are offered from 3PM until 4PM, payable weekly.

(There will be NO aftercare provided on August 1<sup>st</sup> or August 9<sup>th</sup>)

- *All Children must be toilet trained and be able to attend to their own hygiene. If a toilet accident occurs, the Staff will notify the Camper's Parent/Guardian to immediately come and pick up the child for the remainder of the day.*
- *Lunches, snacks, and drinks must be provided by campers. The City does not provide food, snacks, or drinks. Kiwanis Park does have a water fountain.*
- *Proof of age will be required for all campers.*

To register, fill out form and:

- **Mail to City of Cape May**  
ATTN: David Scheffler - Recreation Department  
643 Washington Street  
Cape May, NJ 08204
- **Or drop off at Convention Hall**  
714 Beach Avenue  
Cape May, NJ 08204

**\*All registration forms MUST be accompanied by a minimum 25% deposit of total payment due to secure the child's position in camp.** Please make checks out to the City of Cape May. All registration payments for camp must be made by June 3, 2024. Space is limited and registration is first come, first serve. Before & After Care payments may be made weekly during the Camp Season.

**WAIVER AND RELEASE**

*The undersigned, being over the age of 18 years, hereby acknowledge that there are certain risks in participating in the Camp Cape May Program (the "Activity"). In consideration of the City allowing my child to use its facilities to participate in the Activity, I hereby assume all risks associated with the Activity, including but not limited to, full and complete responsibility for any injury or accident which may occur to my child in connection with the Activity. This release is intended to discharge the City of Cape May, its officials, officers, employees, volunteers, and agents from liability, even in the case of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature that I may have against the City, its officials, employees, agents and representatives, resulting in whole or in part, from participation in the Activity. This release and waiver shall also be binding on my heirs, administrators, and assigns.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INTERNAL USE ONLY - TO BE FILLED OUT BY RECREATION DEPARTMENT STAFF ONLY**

PAYMENT TYPE (CIRCLE ONE): CASH / CHECK

DATE RECEIVED: \_\_\_\_\_

Contact our Recreation Department for more information!

Phone: (609) 780-0077 Website: [www.capemaycity.com](http://www.capemaycity.com) Email: [dscheffler@capemaycity.com](mailto:dscheffler@capemaycity.com)