



Child's name: \_\_\_\_\_  
 Known medical conditions/information: \_\_\_\_\_  
 \_\_\_\_\_  
 Are there activities that need to be restricted? \_\_\_\_\_  
 \_\_\_\_\_  
 Please list all known allergies: \_\_\_\_\_  
 \_\_\_\_\_

Does your child require an EpiPen? Yes \_\_\_ No \_\_\_ Inhaler? Yes \_\_\_ No \_\_\_  
*I understand it is my responsibility to provide my child's treatment plan prescribed by a physician and the medication in its original container, labeled with my child's name.*

**NOTE: All children must have protection against diphtheria, tetanus, poliomyelitis, measles, pertussis, mumps and rubella.**  
 Date of last tetanus shot: \_\_\_\_\_ **OR** \_\_\_\_\_  
 I am attaching a written statement from my child's physician stating that immunization is in progress.  
 Date of most recent physical examination: \_\_\_\_\_

**Please note: Special circumstances must be addressed with the Camp Director prior to registration.**

**MEDICAL RELEASE:** *This health information is correct, and my child has permission to engage in all activities at The Connection, except as noted by me. In the event that I cannot be reached in an emergency, I give permission to The Connection to obtain necessary emergency medical treatment for my child.*  
 Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to further discuss my child's needs with a camp director.  
 A Camp Director will reach out to you. Phone number: \_\_\_\_\_

**REQUIRED: AUTHORIZATION TO PICK UP/EMERGENCY CONTACT**  
 Please list all parties given permission to pick up your camper(s) **including yourself if you will pick up.**

Name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_

*By signing this form I acknowledge that **only** the above parties will be permitted to pick up my camper unless noted in writing. In addition, I understand that any person who comes to pick up my camper that is not listed above will have to park and come inside to be verified with me by phone.*  
 Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL FORMS MUST BE COMPLETED BEFORE REGISTRATION CAN BE PROCESSED.**  
 Please complete the entire form (front and back) for **EACH** child.  
 Mail or drop off to: The Connection, 79 Maple Street, Summit, NJ 07901

**Registration now ongoing**  
**By registering your child for any of The Connection Summer Camp programs you understand and agree to the terms of enrollment.**

**TERMS OF ENROLLMENT:**

1. Registration begins on January 25, 2020. Use a separate registration and payment forms for each child. Extra forms may printed from our website, photocopied, or picked up at the front desk.
2. Campers *must* have a current Connection youth membership valid through August 31, 2020. **Annual membership fee of \$60 is non-refundable** and must be paid at registration.
3. All fees must be paid at registration. A payment plan of two installments is available for enrollment of 2 or more weeks *per child*. See **PAYMENT FORM**.
4. **There are no refunds or credits for absence or withdrawal.**
5. Scholarship awards are available. Pick up an application at the front desk or print it from the website.
6. All final payments are due by May 1, 2020. Non-payment by this date will result in forfeiture of camper's place.
7. Each family is permitted one camp switch per child at no cost after which there will be a \$30 fee for each switch request.
8. **In order to have the appropriate staff and ensure the safety of all campers, registration will end at 5:00 pm the Friday prior to the start of a new camp week. We are unable to accept weekend registrations for camps beginning the following Monday.**
9. The Connection reserves the right to dismiss, without refund, a camper whose needs we are not able to meet or whose conduct is not in the best interest of other campers.
10. Any camper picked up after the ending time of their camp will be subject to a late pick up charge of \$2/minute.
11. All campers must be fully potty trained (no pull-ups).

**If you are paying by credit card, you may download these forms, fill them out and email them back to Angela Johnson at: [angela.johnson@theconnectiononline.org](mailto:angela.johnson@theconnectiononline.org)**

**FIELD TRIP PERMISSION**  
 I give permission for my child to take part in all camp activities and to leave the grounds for field trips planned by The Connection.

**PHOTO, VOICE, VIDEO, PRESS RELEASE**  
 I give permission for photos and videos taken of my child to be used in The Connection literature, including our Social Media and Website. (Photos and videos will be used for The Connection's purposes **ONLY** and will not include any personally identifiable information such as name, birth date, or address.)

**LIABILITY DISCLAIMER**  
 Any person under eighteen (18) participating in Connection programs, must have written consent from a parent or guardian responsible for the participant, releasing The Connection from the responsibilities of any accident(s) occurring. I understand that The Connection accepts no liability for any injury that may occur while my child is participating in the camp program.

**PARENTAL SIGNATURE REQUIRED:**  
 I have read and agree to all registration information.

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

**ALL FORMS MUST BE COMPLETED BEFORE REGISTRATION CAN BE PROCESSED.**