CITY OF EAST ORANGE

Ted R. Green, Mayor **East Orange City Council**

DEPT. OF RECREATION & CULTURAL AFFAIRS

GROW & GLOW

4 to 6 years old

Camp Hours 8am – 4:30pm

All registrants provide show **proof of residency**
(Current utility bill, lease or deed) (email or fax)

CAMP FEES

Resident Fee: $60 per week
$10 Registration Fee

Non-Resident Fee: $125 per week
$25 Registration Fee

Mandatory 2 week enrollment

Payments

May be made by: Credit Card (Visa or MasterCard)

Applicants must complete the registration package and return to EO Recreation by email. Once Recreation has the complete signed package, data will be submitted for registration and an invoice will be generated for payment.

Email: TeamEO@eastorange-nj.gov

For more information call 974.414.4141 or Email: TeamEO@eastorange-nj.gov

DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS
THE CITY *of* EAST ORANGE
1 FELLOWSHIP CIRCLE
EAST ORANGE, NEW JERSEY 07017
WWW.EASTORANGE-NJ.GOV

TED R. GREEN
MAYOR

RENE MUHAMMAD
DIRECTOR

FAX:
973-676-4733

PHONE:
973-414-4141

GROW & GLOW SUMMER CAMP

One Application Per Person
(Applicants may be placed on a waiting list due to limited enrollments)

July 13th – July 24th ☐ **Grow n Glow Elmwood - Ages 4-6yrs.**

July 27th – Aug 7th ☐ **Grow n Glow Elmwood - Ages 4-6yrs.**

Aug 10th – Aug 21st ☐ **Grow n Glow Elmwood - Ages 4-6yrs.**

COVID-19 Information For all CAMPERS

Temperature Monitoring & Health Screening – Campers are strongly encouraged to take their temperatures at home. The temperature of each camper will be monitored upon his/her arrival to camp. No camper will be permitted to attend if they have a temperature of at least **100.4 °F.**

Please Print

Name of Participant :_____

Address:_____ **Apt. #**_____

City: _____ **State:**_____ **Zip:**_____

School: _____ **Grade:**_____

Date of Birth:_____ **Sex:** ☐ **M** ☐ **F** **Age:**_____ **T-Shirt Size:**_____

Name of Parent/Guardian:_____

Ph.# Home:_____ **Cell:**_____ **Work**:_____

Parent's Email Address:_____

In Case Of Emergency Notify:

Please inform this person that they are an emergency contact.

PLEASE PRINT CLEARLY.

Name: _____

Ph.# Home:_____ **Cell:**_____ **Work:**_____

I_____, hereby give my child, permission to sign out and walk home.

Initial here_____

HEALTH ASSESSMENT

Participant's Name:_____

1. Does participant take daily medication? ☐**Yes** ☐ **No**
2. Does participant wear glasses or have vision issues? ☐**Yes** ☐ **No**
3. Does participant suffer from asthma or other breathing disorders? ☐**Yes** ☐ **No**
4. Is participant allergic to: ☐**Seafood?** ☐**Peanuts?** ☐**Bee Stings?** ☐ **Other?** _____
5. Does participant suffer from seasonal allergies? ☐**Yes** ☐ **No**
6. Does participant suffer from ADD/ADHD? ☐**Yes** ☐ **No** ADD/ADHD with medication? ☐**Yes** ☐ **No**
7. Has participant ever been expelled from school for behavior issues? ☐**Yes** ☐ **No**
8. Has participant ever been suspended from school for disciplinary issues? ☐**Yes** ☐ **No**
9. Are there any circumstances or concerns that we should be made aware of regarding the participant's behavior that may affect his\her interaction with other children or adults? ☐**Yes** ☐ **No**
   If **Yes**, please explain _____

   _____

   _____

10. Has participant ever been unconscious, had fractured skull or been treated for a concussion? ☐**Yes** ☐ **No**
11. Has participant ever suffered from a heart murmur, chest pains or palpitations? ☐**Yes** ☐ **No**
12. Has participant suffered from a recent injury or illness? ☐**Yes** ☐ **No**
13. Has participant been diagnosed with Sickle Cell Anemia or trait, Thalassemia or trait? ☐**Yes** ☐ **No**
14. Is participant currently under a physician's care? ☐**Yes** ☐ **No**
15. Has participant had any medical or surgical issues not mentioned above? ☐**Yes** ☐ **No**
16. Do you have any concerns about the health of your child? ☐**Yes** ☐ **No**

If you have answered **Yes** to any of the above questions, please provide further explanation:

_____

_____

Insurance Info

Emergency Medical Release

Physician's Name: _____ Ph# _____

Insurer's _____

Medical Group. ID #_____ ID#_____

I hereby authorize the staff of the City of East Orange, Department of Recreation & Cultural Affairs to act for me, if an emergency or life threatening situation or medical surgical care is required .

Signature X_____ **Date** _____/_____/_____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO THE NOVEL CORONAVIRUS/COVID-19

The Novel Coronavirus (hereinafter referred to as COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person interaction and/or contact, including by way of being in a shared space with an infected person. An individual may be infected with COVID-19 and be unaware and therefore unknowingly pass the infection to another person by simply breathing in their direction. As a result, federal, state and local governments/health agencies strongly urge, recommend and have mandated, by way of executive order, the use of social distancing and sheltering at home. In many locations, the congregation of groups of people has been temporarily outlawed in the hopes of slowing the spread of COVID-19.

The City of East Orange has put preventative measures in place to help reduce the potential for the spread of COVID-19 within all City owned buildings and during all City sponsored programming however; the City **cannot, does not and will not** guarantee that you or your child(ren) will not be exposed to or infected with COVID-19 through your enrollment in / attendance at City sponsored events and/or contact with any City owned buildings, City employees, City officials, volunteers, children and/or other persons. Furthermore, participation at these events and/or contact with/entry to any City owned buildings may **INCREASE** your risk and your child(ren)'s risk of contracting COVID-19.

If you, your child or a family member that you live with or care for are elderly, immune-compromised or have pre-existing conditions **including, but not limited to, pregnancy, asthma, hypertension, diabetes** etc…exposure to COVID-19 can cause **serious illness or even death**. The Center for Communicable Disease (CDC) and the World Health Organization (WHO) strongly urge those members of society that are suffering from certain pre-existing conditions to stay at home and minimize their contact/interaction with persons outside of their household. It is also strongly recommended that all persons that have contact with/care for/live with individuals that suffer from pre-existing conditions that make them especially vulnerable to COVID-19 minimize their exposure to the general public, including involvement with day care centers and summer recreation programs, as they can become infected with COVID-19 and not know it.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that, by being enrolled in/being involved with any City sponsored event or attending/visiting any City owned building, myself, other family members and members of my household as well as all other persons I come in contact with may be exposed to or infected by COVID-19. I further acknowledge that such exposure or infection may result in hospitalization, the accumulation of medical expenses, pain and suffering, personal injury, severe emotional distress, permanent disability, the creation of a permanent physical condition, loss of enjoyment of life and even death. I understand and acknowledge that the risk of being exposed to or infected with COVID-19 may result from or be caused by the actions, inactions, omissions, negligence, or the unintentional or intentional behaviors of myself and others, including but not limited to, City employees, officials, volunteers, representatives, agents, program participants and their families, third party vendors and other members of the public such as representatives from state and local agencies etc…

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any loss or injury (including, but not limited to, personal injury, loss of enjoyment of life, disability, emotional distress, accumulation of medical expenses or death) that my child(ren), myself, other family members, persons living in my household or any other person may incur or experience in connection with my and my child(ren)'s attendance at City sponsored events and entry into City owned buildings. On behalf of myself, my child(ren), any of my heirs, assigns, representatives and agents, I hereby release, covenant not to sue, discharge and hold harmless the City of East Orange and all of its employees, officials, program participants, representatives, agents and volunteers from any and all claims, including, but not limited to, all liabilities, financial obligations, actions, lawsuits, damages, costs and expenses of any kind arising out of or related to my or my child(ren)'s attendance at City sponsored events or entry into City owned buildings or the interaction/exposure of my child(ren) and myself to any City employees, officials, volunteers, program participants, vendors, agents and representatives. I understand and agree that this release includes any and all claims even those based upon or arising out of actions, omissions or negligence on the part of the City, its staff, employees, agents, program participants, vendors or representatives, regardless of whether a COVID-19 infection occurs before, during or after mine or my child(ren)'s participation in a City sponsored event or entry into a City building.

I further understand and agree that regardless of the date of my signature I am releasing all claims, lawsuits and demands for damages or compensation arising during any point of the COVID-19 crisis and/or at the very latest from the date of the signing of this agreement and including any date in the future.

_____

PRINTED NAME OF CHILD(REN)

_____

PRINTED NAME OF PARENT/LEGAL GUARDIAN/VOLUNTEER/EMPLOYEE

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN/VOLINTEER/EMPLOYEE DATE

CITY OF EAST ORANGE

Media Consent, Assumption of Risk, Waiver and Release of Liability Agreement

Please read carefully before signing as this is an important legal document

Name of activity: 2020 SUMMER CAMPS

Dates of Activity/Program: JULY 2020 – AUGUST 2020

By signing this form, I am giving my son/daughter/dependent permission to participate in the activity/program identified above. I also understand that all activities/programs will be conducted under the supervision of the designated recreation employee, teacher or volunteer. **PLEASE INITIAL HERE**_____

In consideration for my son/daughter being permitted by the City of East Orange to participate in the above activity/program, I, on behalf of myself, my son/daughter/dependent, my next of kin, heirs, assigns and representatives promise not to sue and release from all liability, the City of East Orange and its employees, volunteers, directors, agents, representatives or officers, from, without limitation, any and all claims involving my son/daughter/dependent, including claims of negligence, resulting in any physical, pecuniary or psychological injury, illness, damages, economic or emotional loss, that my son/daughter/dependent may suffer because of his/her participation in the above listed activity/program, including travel to, from and during the activity/program.
PLEASE INITIAL HERE_____

I am agreeing to this release of liability voluntarily, knowingly, intelligently and with full knowledge of all of the legal consequences. **PLEASE INITIAL HERE** _____

I am fully aware of the risks associated with traveling to/during/from and participating on the above listed activity/program, which include but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss and/or death. I understand that these injuries or losses may arise from my own or others actions, inactions, or negligence, conditions related to travel or the condition of the location of the field trip/activity. Nonetheless, I agree to permit my son/daughter/dependent to assume all risks, both known and unknown to me, associated with his/her participation in the above listed activity/program, including travel to, from and during the activity/program. **PLEASE INITIAL HERE** _____

I agree on behalf of myself, my son/daughter/dependent, my next of kin, heirs, assigns and representatives to hold the City of East Orange harmless from any and all claims, including claims for attorney's fees or damage to personal property, that may occur as a result of my sons/daughters/dependents participation in the above listed activity/program, including travel to, from and during activity/program. **PLEASE INITIAL HERE**_____

If my son/daughter/dependent should require medical treatment during or as a result of the above listed activity/program, I agree to be financially responsible for any costs incurred as a result of such treatment. **PLEASE INITIAL HERE** _____

I also understand that my son/daughter/dependent may be removed from participation in the above listed activity/program for disciplinary or safety reasons. **PLEASE INITIAL HERE** _____

I also voluntarily, knowingly and intelligently provide my consent for my son/daughter/dependent to be photographed, without compensation. **I understand that any such photography is intended to be utilized for publication in the media. PLEASE INITIAL HERE** _____

I furthermore agree that if any portion of this agreement is held invalid or unenforceable, I will continue to be bound by the remaining terms. **No other representations concerning the legal effect of this document have been made to me. PLEASE INITIAL HERE** _____

Parent/Legal Guardian's Signature_____ **Date**_____

Print Parent/Legal Guardian's Name _____

Print Participant's Name_____

CITY OF EAST ORANGE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
This form must be completed to complete the registration process.

ELIGIBILITY FORM

Fiscal Year 2020

The program that you are registering for is supported, in part, by federal funds. The information requested is mandatory. This information is confidential. Information received regarding individuals is not made public in any way.

Program Name: _____

Date of Entry: _____

Participant Name: _____

Parent(s)/Guardians Name: _____

Address:_____

Phone #:_____ **Cell/Work #:**_____

☐ Black ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian

☐ Other _____

Female Head of Household: ☐ **Yes** ☐ **No**

Family Size ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8**

Total Family Income: $_____ per year

Information Provided By_____ **Date**_____

Office Use Only

Family Meets Income Eligibility: ☐ **Yes** ☐ **No**

Staff Member Accepting Application

Signature: _____

_____ _____

Print Name Title Date