

Folsom Municipal Drug Alliance

2017 - DRUG ALLIANCE YOUTH SUMMER CAMP

PLEASE READ!!!

COMPLETE FORM AND **MAIL** WITH FAMILY DONATION OF \$25.00
(CASH/MONEY ORDER ONLY!)

MAIL TO: Mary Ann Gillespie, 242 Crespi Ave, Newfield, NJ 08344

DO NOT RETURN TO THE FOLSOM SCHOOL!!!

Neither the Folsom School/Drug Alliance are responsible for lost/misplaced registration forms.

CAMP INFORMATION

DATES:

3 WEEKS --- Every **MONDAY, TUESDAY, WEDNESDAY & THURSDAY** as follows: (July 10th, 11th, 12th, 13th, 17th, 18th, 19th, 20st, 24th, 25th, 26th & 27th, 2017) Drop Off @ 8:30-8:45AM - Pick Up @ 1:30-1:45PM PROMPT.

FOLSOM SCHOOL - DROP OFF & PICK UP LOCATION:

Drop Off & Pick Up curbside at front of school. Children stay in cars until STAFF come to car (Children are SIGNED IN/OUT daily at your car). Please refrain from late drop off or early pick up.

WHO CAN ATTEND CAMP?

Any student of the Folsom School **who has completed Kindergarten thru 5th grade**. There will be a **100 student maximum!!!** The children are split into the following groups for all structured activities: 30 students from K/1st – 35 students from 2nd/3rd – and 35 students from 4th-5th.

WHO CAN VOLUNTEER?

Middle/High School/College. There will be a limited number of volunteers accepted. If your child is interested in volunteering, please email mag1204@comcast.net. A decision will be made thereafter and you will be advised.

IS THERE A FEE?

A **DONATION** of **\$25.00 cash per family**. The donation will be used to offset camp costs such as water, snacks, supplies, crafts, special events, etc. Donations of water, snacks, etc., are appreciated. **Your child(ren) are not confirmed for camp until donation is paid.**

WHAT DO CAMPERS NEED?

Wear appropriate clothing for outdoors sports & craft activities. **NO SANDALS or FLIP FLOPS**. Campers will spend time outside every day. Campers are to bring a lunch/snack/drink daily in a labeled lunch box. Camp Activities include sports, crafts, games, computers, presenters, movies, etc. *Parents: If you have a skill (sports, karate, crafts, music, dance, etc.) that you would be interested in sharing with our campers, please email me!*

MEDICAL NEEDS:

There is no nurse in the building and your child must be able to self-medicate for asthma. **IF THERE ARE BEE ALLERGIES and/or EPI-PEN treatment, we MUST KNOW THIS!!!** If there are other medical needs beyond inhalers and bee allergies, your child should not participate in this camp as we are not equipped for more serious health conditions. If you have questions regarding your child's medical condition, please email mag1204@comcast.net so that it can be determined whether your child should attend. All campers should have valid emergency telephone numbers on file with detailed information on the medical form! Labeled Inhalers and/or Epi-Pens may be left for your child at the camp for the duration of the camp.

Folsom Municipal Alliance Activities Coordinator, Mary Ann Gillespie (mag1204@comcast.net)

REGISTRATION FORM – Summer Camp 2017

Please complete and MAIL with FEE by JUNE 2, 2017

Child's Name: _____ Grade Just Completed: _____ Age: _____

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Child's Name: _____ Grade Just Completed: _____ Age: _____

Parent's Names: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____

Emergency Contact:
Name & Phone Number

Persons Who May Pick Up Your Child(ren):

MEDICAL NEEDS / FOOD ALLERGIES / BEE ALLERGIES / ASTHMA:

HOLD HARMLESS MUST BE SIGNED TO PARTICIPATE!!!

**FOLSOM BOARD OF EDUCATION
1357 Mays Landing Road, Folsom, NJ 08037**

Indemnity and Hold Harmless Agreement

_____, agrees to indemnify and hold harmless Folsom School District and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees in case it shall be necessary to file an action arising out of performance of the work herein, which is (1) for personal or bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by Youth Summer Camp, negligent act or omission or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable. This indemnification and agreement shall apply in all instances whether Folsom School District is made a party to the action or claim or is subsequently made a party to the action by third-party in-pleading or is made a party to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action of claim.

By: _____
(Signature)

(Print Name)

Date: _____