Registration Procedure Summer 2019:

We encourage all those residents who are interested in registering for any program listed in this book to register on-line at www.oldbridge.com: on or after **Wednesday, May 01, 2019 at 6:00 pm.** Access to the on-line registration will not begin prior to 5/01. No "drop off" or "walk in" registrations will be accepted.

There will be NO In-Person Registrations **NON-RESIDENT REGISTRATION**: Non-residents may register for Township recreation programs beginning **Wednesday, May 08, 2019 at 6:00 pm.**

NOTE: Please go to www.oldbridge.com under additional links for Camp R.O.B.I.N. Summer Camp Participants forms that must be filled out and returned at the parent meeting. Please bring a current IEP at that time. All camp completed forms must be brought to the R.O.B.I.N. Center on June 10, 2019 at 6:15pm. Parent meeting will be held on June 10, 2019 at 7:00pm at the R.O.B.I.N. Therapeutic Center on Route 516. Trips will be posted at a later date.

WAIT LIST INFORMATION: If the program you wish to enroll is full you may register for the wait list at no charge. We ask that you please do not register for multiple wait lists of the same course. In the event we are able to accommodate your request we will notify you accordingly. On –Line Registration Information Once you call us to activate online registration for your account, you will be able to use the system to register for classes. You may use the guest option to browse class information without activating an account. If you have never registered with us before you must contact the Recreation Department to set up an account.

Camp Robin participants are also required to produce a current IEP.

Please call our office at 732-721-5600 Ext. 4999 Monday - Friday 8:30am - 5:00pm. Before you can use the on-line registration system for the first time, we need to verify your household information and give you a log-in ID and password for you to set up your account. If you do not have a username and password or have forgotten your current one please contact us at the number listed below.

PARKS, RECREATION &
SOCIAL SERVICES

(732) 721-5600 EXT. 4999

MIDDLESEX COUNTY, N.J.

TOWNSHIP OF OLD BRIDGE

Dear Parent/Guardian:

Thank you for your interest in Camp Robin. Enclosed please find summer day camp information.

GENERAL CAMP ROBIN INFORMATION

Dates: July 1, 2019 – August 9, 2019

Time: 9:00a.m. to 2:00p.m. (Monday thru Friday)

Location: Camp R.O.B.I.N. Therapeutic Recreation Center, Route 516

Fee: $245.00 Residents,$395.00 Non-Residents.

Ages: 7 to 21 years

Priority is given to Old Bridge Residents first.

Scholarships available with proof of financial assistance.

Registration limited to first 80 classified school-age children.

Campers will be placed in appropriate teams based on ability and age.

On-Line Registration Only. When printing your receipt all summer forms will print at that time. Procedures will be included on a step by step approach on how to register on-line. Please read through the information carefully, as it is important that the forms be filled out completely. If you have any questions, feel free to call me at (732) 765-0968.

All camp completed forms must be brought to the R.O.B.I.N. Center on June 10, 2019 at 6:15pm. A camp meeting will be held on June 10, 2019 at 7:00 for all new parents. All trips will be paid on-line upon posting.

As part of your registration your child will be receiving a Camp R.O.B.I.N. tee-shirt. If you would like to purchase another tee-shirt they are available on- line. The cost of the extra tee-shirt will be $5.00. It is important that your child wears the tee-shirt to camp everyday. The tee-shirt is a form of identification when we go on trips.

Lunch and a beverage in a clearly labeled bag should be brought to Camp Monday through Friday. If there is a change in plans and lunch is not required, you will be notified in advance.

*****All trips must be paid by July 14, 2019. Please pay the first two weeks by July 1, 2019.**

On swimming days, have camper wear their bathing suits under their clothes. Please put sun screen on at home. Be sure to clearly label all personal belongings. Every effort will be made by staff to see that personal items that have been marked are not lost. If a child suffers from an ear infection, send ear plugs, in a labeled container. They will be inserted by the nurse.

If there is any reason why a camper can not participate in swimming or physical education activities on a particular day, please send a note along with the camper. Please have participant wear sneakers and socks to camp everyday.

Arrangements for visitations to camp must be made in advance with the camp director.

Acceptance to camp is based on staff assessment.

REGISTRATION REQUIREMENTS
Completed registration and medical forms are due to the R.O.B.I.N. Center by Monday June 10, 2019. Failure to submit these forms on time may result in exclusion from the program.

A. Registration Form
B. Parental Evaluation
C. Authorization for Emergency Medical Treatment
D. Medical History
E. Current IEP

All of the information needs to be updated for our files yearly. No camper will be permitted to attend camp without complete forms.

I look forward to providing your child with an enjoyable and positive camp experience.

Sincerely,

Peter Pero
R.O.B.I.N. Coordinator
Old Bridge Parks and Recreation

SUMMER REGISTRATION FORM

PROGRAM: CAMP R.O.B.I.N.

NAME: _____ DATE OF BIRTH _____ AGE _____

ADDRESS_____

CITY, STATE_____

HOME TELEPHONE_____ CELL NUMBER_____

T-SHIRT SIZE: (CHILD'S (6-8),(10-12),(14-16) OR ADULT, S,M,L, XL, XXL._____

PARENT / GUARDIAN NAME:_____

RELATIONSHIP:_____

CLASSIFICATION/
DISABLING CONDITION_____

ALLERGIES_____

OTHER:_____

E-MAIL:_____

Township of Old Bridge
Parks and Recreation Department

Registration:

Participant:_____ Date of Birth:_____ Age:_____

Street:_____ City:_____ State:_____

Zip Code:_____ Home Phone:_____ WorkPhone:_____ Emergency:_____

Parents or Guardian:_____

Address/Phone:_____

In case of emergency contact:_____ Phone:_____

or contact:_____ Phone:_____

Photo Release:

I do do not give permission for _____ to be photographed for press use.
participant name

Liability Release:

_____(Participant's Name) would like to participate in the Camp Robin recreation program of the Old Bridge Township Department of Parks and Recreation. The Old Bridge Township Parks and Recreation instructors / supervisors / leaders / aides / employees and / or volunteers agree to abide by all safety and procedural regulations required for the provision of safe programs and activities. I acknowledge the risks and potential for risks inherent in participation in Camp Robin Day Camp. However, I feel the possible benefits to myself / my son / my daughter / my ward are greater than the risk assumed. I hereby, for myself and for _____(Participants name) waive and release all damages against Old Bridge Township and its representative personnel and release all damages against Old Bridge Township, for any and all injuries and / or losses I / my son / my daughter / my ward may sustain while participating in Camp Robin.

Date:_____ Signature:_____
Participant, parent, or guardian

Date: _____

Medical History
To be completed by family physician

Name: _____ DOB: ____/____/____ Age: _____
Sex: _____ Height: _____ Weight: _____ Pulse: _____ B.P.: _____
Diagnosis: _____
Cause: _____
Date of Onset: _____
Medications (Type, Purpose, Dose): _____
_____
If Downs Syndrome, Atlanto-Axial Subluxation? Yes_____ No_____
Cervical X-Ray for Atlanto-Axial Subluxation: Positive_____ Negative_____ X-Ray date: ____/____/____
Tetanus Shot: Yes_____ No_____ Date____/____/____

_____

Please indicate if the client has or had a history of the following secondary problems by checking yes or no. If **yes**, please include **complete** information pertaining to the problem.

Problem	Yes	No	If yes, or history of, describe
Auditory Impairment	___	___	_____
Learning Disability	___	___	_____
Mental Impairment	___	___	_____
Psychological Impairment	___	___	_____
Speech Impairment	___	___	_____
Visual Impairment	___	___	_____
Allergies	___	___	_____
Cardiac	___	___	_____
Circulatory	___	___	_____
PVD	___	___	_____
			_____
Postural Hypotension	___	___	_____
			_____
Hemophilia	___	___	_____
Pulmonary	___	___	_____
Asthma/COPD	___	___	_____
Neurological	___	___	_____
Seizures	___	___	_____
Controlled	___	___	Type _____
Last Seizure: ____/____/____			
Hydrocephalus	___	___	_____
			_____
Shunt	___	___	# Revisions _____
Sensory Loss	___	___	_____
Pain	___	___	_____
Muscular	___	___	_____
Contractures	___	___	_____

Problem	Yes	No	If yes, or history of, describe
Skeletal			
Spinal Column Injury	___	___	_____
Subluxing Joints	___	___	_____
Dislocating Joints	___	___	_____
Laminectomy/Fusion	___	___	_____
Scoliosis-Degree/Type/Brace/ Last X-Ray	___	___	_____
Kyphosis/Lordosis Degree/Type	___	___	_____
Spondylolisthesis	___	___	_____
Spinal Abnormality	___	___	_____
Osteoporosis	___	___	_____
Heterotrophis Ossification	___	___	_____
Joint Disease	___	___	_____
Cranial Defects	___	___	_____
Fractures	___	___	Location?_____ Healed?_____
Other_____	___	___	_____

Medical History

Please indicate any medical problems not indicated above:

Please indicate special precautions:

Mobility Status

Ambulatory? Yes_____ No_____

Can the student ambulate independently? Yes_____ No_____

If no, describe:_____

Prosthetics/Orthodontics

Type:_____ Purpose:_____

Type:_____ Purpose:_____

Please describe any other additional information that might help us to work with this student. Thank you for your time!

Physician's Signature:_____ Date:_____

Physician's Name (Please Print):_____

Physician's Address:_____

Telephone Number:_____-_____-_____

Form to be completed by physician

Parental Evaluation

To enable or provide a positive summer experience for your child - please fully complete this form with detail, detail, detail!

Help us to know and understand your camper. The information you will provide us with, will help us insure that your camper has a positive, enjoyable experience. Do not **assume** anything!

Name of Parent/Guardian _____
Name of Camper _____ Age _____

General Health

1. Will camper take medication while at Camp? _____
_____ Type _____
If so, please complete medication form.

Medication Form

Medication: _____
_____
Dosage _____
_____
Administration Schedule _____
_____
Expiration/Review Date _____
Restrictions _____
_____

Medication: _____
_____
Dosage _____
_____
Administration Schedule _____
_____
Expiration/Review Date _____
Restrictions _____
_____

Parent Signature _____ Date _____
Address _____ Telephone _____
Does camper take medication **at home**? Yes_____ No_____
Name of medication _____ When administered _____
For what condition _____ Dosage _____
2. Camper has or is subject to: (check)

_____Asthma
_____Diabetes
_____Convulsions
_____Heart Trouble
_____Dizziness
_____Sunburn
_____Atlantoaxial Dislocation

_____Glasses
_____Contact Lenses
_____Excessive Bleeding
_____Heat Exhaustion
_____Allergies or reaction to any plant, food, peanut products medicine, animal or insect bite
_____Susceptible to Skin Irritations (poison ivy)

Explain, if necessary: _____
_____

Has camper had any surgery or illnesses this past year. If so, please give details and dates:
_____

3. Verbalization
   Is the camper able to express his/her needs? _____
   _____
   Does he/she have a speech difficulty? _____
4. Independence
   Is he/she able to dress self? _____ To what degree _____
   _____
   Is he/she able to feed self? _____ To care for his/her toilet needs? _____
5. General Information - For comments, please use other side of this sheet.

Does the camper swim in deep water?	Yes_____	No_____
Does the camper seem to enjoy group activities?	Yes_____	No_____
Does he/she prefer outdoor activities?	Yes_____	No_____
Does he/she prefer indoor activities?	Yes_____	No_____
Does he/she indicate any particular fears?	Yes_____	No_____

Height_____ Storms_____ Animals_____
Transportation_____ Water_____ Others_____

In light of the camper's limitations are there any particular areas of development you feel should be strengthened during his/her attendance at camp?

_____
_____

Are there any specific recreational activities that camper really enjoys?

_____
_____

Is there any other information concerning the camper's social and emotional patterns that you feel would be helpful to the camp staff?

_____
_____

Are you or the camper currently in a day program using any behavior modification program?
Yes_____ No_____
If yes, please explain the program so we may continue it. _____
_____
_____
_____
_____
_____

TOWNSHIP OF OLD BRIDGE
PARKS AND RECREATIONS
(732)721- 5600 Ext. 4050

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required do to illness or injury during the process of receiving services, or while being on the property of the agency. I authorize Old Bridge Department of Parks and Recreation to:

1. Secure and retain medical treatment and transportaion if needed.
2. Release participants records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: _____Phone:_____

Address:_____

In the event I can not be reached, Contact:_____Phone:_____

Contact:_____Phone:_____

Physicians's Name:_____Phone:_____

Preferred Medical Facility:_____

Health Insurance Co.:_____Policy #_____

CONSENT PLAN
I do give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This provision will only be invoked if the person below is unable to be reached.

Date:_____Consent Signature:_____
Participant, Parent or Gaurdian

Print Name: _____Phone:_____

Address:_____

Sworn and sunscribed before me this _____day of _____ **2019**

_____
Signature or Notary

NON-CONSENT PLAN

I do not give my consent for emergency medical aid/treatment is required do to illness or injury during the process of receiving services, or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place :

Date:_____Non-Consent Signature: _____
Participant/ Parent or Gaurdian

Print Name:_____Phone_____

Address_____

Memo

To: Parents / Guardian :

From: Pete Pero

Subject: Ordering Extra Tee Shirt

Date: May 1, 2019

As part of your registration your child will be receiving a Camp R.O.B.I.N. tee- shirt. If you will like to purchase another tee shirt please fill in the form with the correct information. The cost of the extra tee- shirt will be $ 5.00. It is very important that your child wears the tee- shirt to camp every day. The tee- shirt is a form of identification when we are on trips.

CAMP R.O.B.I.N. TEE-SHIRT FORM

Parent/Guardian Name :

Participants Name :

Please check off tee-shirt size and quantity.

SHIRT SIZE	QUANTITY
6 - 8	
10 - 12	
14 - 16	

ADULT SIZE	QUANTITY
Small	
Med.	
Large	
Ex-Large	
XX-Large	

Please make check payable to the Township of Old Bridge.