

2019 SUMMER ADVENTURES PLAYGROUND PROGRAM

IMPORTANT INFORMATION

1. ABERDEEN RESIDENTS ONLY!
2. ELIGIBILITY: CURRENTLY IN GRADES K THRU 9
3. DATES: Mon.-Fri., **STARTS Tuesday, June 25th** - Aug. 2nd (NO CAMP JULY 4th & 5th)
4. TIME: Mon.-Thurs. 9 a.m. to 1 p.m.; Fri. 9 a.m. to 12 Noon. Blue Claws game until 3:00pm.
No camp unless camper is registered for the trip.
5. PLACE: LLOYD ROAD SCHOOL
6. REGISTRATION FEE: \$45.00
7. BUSING PROVIDED FOR ALL ACTIVITIES
8. REGISTRATION DATE STARTS: Monday, May 6th (first 125 participants)
9. NO REFUNDS!
10. CHECKS PAYABLE TO: ABERDEEN RECREATION
MAIL TO: ABERDEEN RECREATION DEPT.
1 ABERDEEN SQUARE
ABERDEEN, NJ 07747
11. ANY TRIPS CANCELLED DUE TO WEATHER CONDITIONS WILL NOT BE REFUNDED;
HOWEVER, TICKETS WILL BE GIVEN TO PARTICIPANTS TO BE USED AT ANOTHER
TIME.
12. CHECK WITH THE RECREATION DEPT., TO SEE IF YOU QUALIFY FOR FINANCIAL
ASSISTANCE.
13. TO REACH THE RECREATION DEPT., PLEASE CALL (732) 583-4200, EXT. 129 or 173.
14. **SUMMER ADVENTURES WILL BE AT LLOYD ROAD SCHOOL.**
15. EVERYONE MUST FILL OUT WAIVER FORM FOR AIR TRAMPOLINE
16. May pack drink and a snack. Children can purchase food at places.

NO EATING OR DRINKING ON BUS!!!!!!

**ABERDEEN TOWNSHIP DEPARTMENT OF PARKS & RECREATION
SUMMER ADVENTURES PROGRAM 2019 – REGISTRATION FORM**

PLEASE PRINT!

SCHOOL ATTENDING _____

DATE OF BIRTH _____ SEX: M ___ F ___ AGE ___ Currently in grade _____

CHILD'S LAST NAME _____ CHILD'S FIRST _____

ADDRESS _____ TOWN _____ ZIP _____

PARENTS/GUARDIANS' NAMES _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

EMERGENCY CONTACT (NAME, RELATIONSHIP, PHONE #) _____

_____ E-MAIL _____

HEALTH/MEDICAL CONDITIONS OR MEDICATION/ALLERGIES: _____

LIMITED TO THE FIRST 125 PARTICIPANTS

Mondays: July 1, 8, 15, 22 (NO CAMP JUNE 24th)

Holmdel Park Free _____

Tuesdays and Wednesdays:

Keansburg Water Park \$18 each day:

_____ June 25, _____ July 9, _____ July 16, _____ July 23, _____ July 30 Total _____

Air Trampoline \$19 each day:

_____ June 26, _____ July 3, _____ July 17, _____ July 31 Total _____

IPlay America \$23

_____ July 2, _____ July 24 Total _____

Blue Claws Game \$8 each day:

_____ Wed., July 10, _____ Mon., July 29 Total _____

Thursdays: June 27, July 11, 18, 25, Aug. 1

Roller Skating \$45 _____

Fridays: June 28, July 12, 19, 26, Aug. 2

Bowling \$45 _____

REGISTRATION FEE - ALL CHILDREN MUST PAY THIS FEE \$45 _____

TOTAL AMOUNT ENCLOSED \$ _____

Camp will be closed July 4th and 5th

REGISTRATION FOR SUMMER ADVENTURE
UPDATES

ANYONE PARTICIPATING IN THE SUMMER
ADVENTURE PROGRAM MUST REGISTER TO
RECEIVE CHANGES, CANCELLATIONS OR
UPDATES.

TO DO SO GO TO
WWW.ABERDEENNJ.ORG
CLICK ON NOTIFICATION SIGN-UP
FILL OUT FORM
THEN CHECK OFF SUMMER ADVENTURE
OR
TEXT ABERSUMMER TO 888-777 FOR
UPDATES

SUMMER ADVENTURES
PLAYGROUND PROGRAM

POLICY FOR 2019

IF YOUR CHILD IS NOT SIGNED UP FOR
ANY ACTIVITIES, THERE IS NO CAMP AT
THE LLOYD ROAD SCHOOL.

CAMP STARTS TUESDAY, JUNE 25th

CAMP ON FRIDAYS WILL BE IN SESSION
FROM 9:00AM-12:00NOON

CHILD MUST WEAR CAMP SHIRT IF
POSSIBLE

FFNF WAIVER (MUST HAVE BOTH PAGES)

Flight Fit N Fun (Cliffwood) LLC dba Air Trampoline Sports
Patron Agreement waiving all claims for personal injuries against Flight Fit N Fun (Cliffwood) LLC dba Air Trampoline Sports
Notice of Inherent Risks of Injuries and Acceptance of Patron Code of Responsibilities

Adults (18 and over)

IMPORTANT NOTICE: YOU ARE SIGNING A LEGAL AGREEMENT!

Read this agreement completely and do not sign it unless you understand its terms and voluntarily agree to be bound by its terms. (1) By signing this agreement, you on behalf of yourself, your spouse, your children, your family, your heirs, your assigns, your estate, your personal representatives agree to waive, hold harmless and forever discharge Flight Fit N Fun (Cliffwood) LLC dba Air Trampoline Sports, together with their agents, owners, officers, directors, employees, representatives, and assigns. (Hereinafter referred to as ATS), from any and all claims, demands, causes of actions, and legal liability for any and all harm, serious or non serious personal injuries, death, paralysis, losses, damage, economic or non economic losses sustained by you, based on the ordinary negligence of ATS, that are in any way associated with or related to ATS trampoline activities or non trampoline activities, or your use of any ATS equipment, fixtures or amenities, including, but not limited to, trampolines or non trampoline equipment, or your participation in any activity, recreation, exercise, party, class, program, training or personal training on ATS's premises, or the failure of ATS to provide instruction, training, supervision or enforcement of ATS rules, or the malfunctioning of any equipment fixtures or amenities, or ATS's failure to render or secure prompt medical care for you. (2) You agree to sign this agreement in consideration for ATS granting you the license to participate in or view the trampoline activities on ATS's facilities or use the equipment and fixtures on ATS's facilities. (3) By signing this legal agreement, you acknowledge that you have had sufficient time to read and understand the agreement, and voluntarily agree to its terms. (4) This agreement is in full force and effect on the date that you sign the agreement and on any other future date that you participate in, view or attend the trampoline or non trampoline activities in ATS's facilities.

1. **ATS TRAMPOLINE FACILITIES and ACTIVITIES HAVE INHERENT RISKS OF INJURY.** a. You acknowledge that your participation in trampoline court activities and other activities at ATS entails challenging physical activities and exertion and known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damages to you, to property, or to third parties. You and other patrons may fall, jump, land, collide with others including staff and spectators. You understand that such risks cannot be eliminated without changing the nature of the trampoline activity and other activities that take place in the ATS facility. b. You will be participating with other patrons you may not know who have different levels of skills and experience. This may increase your risk of sustaining an injury. During your trampoline activity and non trampoline activities, you may unavoidably achieve body positions that result in personal injury during your participation. Those risks include among other things slipping, tripping and falling, collisions with fixed objects or people, injuries including sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the neck, back or head. c. You may sustain injury as a result of slipping on or striking surrounding trampoline support elements, including the floor bottom, support structures, containment walls, entering or exit riders, ride attendants or other ride components. Since the trampoline equipment contains meta fiberglass, plastic, or other hardened substances, your contact with them may also cause you to sustain serious personal injuries.

2 **PATRON AGREEMENTS REGARDING ATS TRAMPOLINE ACTIVITIES/ FACILITIES.** a. You expressly agree and promise to accept and assume all of the inherent risks existing in activities at ATS. b. Your participation in activities at ATS is entirely voluntary on your part and you elect to participate in spite of the known risks of injury or death that may result from your use of ATS equipment or facilities including any claims which may allege a negligent act or omission by ATS or its owners, officers, directors, managers, agents, servants or employees. c. You understand that this perpetual release/waiver will apply to each and every occasion that you visit an ATS facility in New Jersey. d. In the event that you file a lawsuit against ATS resulting from intentional conduct or gross negligence, you agree to do so in the State of New Jersey and further agree that the substantive law of New Jersey shall apply to that action without regard to the conflict of law rules of the state. e. You agree that if any portion of this agreement is found to be void, unenforceable, or against public policy, the remaining contract shall remain in full force and effect. f. You irrevocably grant ATS the right to photograph, videotape and/or record you and to use your name, face, likeness, voice, appearance in connection with exhibitions, publicity, advertising and promotional material without reservation or limitation.

3. **SAFETY IS A SHARED RESPONSIBILITY: YOU AGREE TO FOLLOW THE CODE OF PATRON RESPONSIBILITY:** a. You acknowledge that there are inherent risks in the participation in or on any trampoline court. Patrons of a trampoline court, by participation, accept the risks inherent in such participation of which the ordinary prudent person is or should be aware. Patrons have a duty to exercise good judgment and act in a responsible manner while using the trampoline court and to obey all oral or written warnings, or both, prior to or during participation, or both. b. You have a duty to not participate in or on any trampoline court when under the influence of drugs or alcohol. c. You have a duty to properly use all trampoline court safety equipment provided. d. You have a duty to not participate in or on any trampoline court if you have pre-existing medical conditions, circulatory conditions, heart or lung conditions, recent surgeries, back or neck conditions, high blood pressure, known pregnancy, any history of spine, musculoskeletal or head injuries, or may be pregnant. e. You have a duty to remove inappropriate attire including hard, sharp or dangerous objects such as buckles, pens, purses, badges and so

forth. f. You have a duty to avoid bodily contact with other patrons. g. You have a duty to conform with or meet height, weight or age restrictions imposed by the manufacturer or owner to use or participate in the trampoline park activity. h. You have a duty to avoid crowding or overloading individual sections of the trampoline court. i. You have a duty to use the trampoline court within their own limitations, training and acquired skills.

j. You have a duty to avoid landing on the head or neck. Serious injuries, paralysis or death can occur when landing on the trampoline court bed. k. You also agree to follow and obey all posted and stated warnings and patron education signs.

4. PERSONAL PROPERTY: I understand that FFF is not responsible for any property brought onto the premises. This includes use of the lockers and cubby storage. By signing this form, you release FFF from all liability of property and monetary loss of all personal property lost or stolen on our premises.

I understand that this is the entire agreement between myself and ATS and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of ATS or by me.
My signature indicates that I have fully read this agreement, understand it and agree to be bound by its terms.

PLEASE NOTE WE RESERVE THE RIGHT TO REVIEW YOUR DRIVER'S LICENSE AND/OR OTHER FORMS OF IDENTIFICATION IN ORDER TO VERIFY IDENTITY AND YOUR DATE OF BIRTH / AGE. SECTION REQUIRED FOR ALL PARTICIPANTS and the PARENT or LEGAL GUARDIAN OF A MINOR CHILD. YOU MUST BE 18 YEARS OF AGE OR OLDER TO SIGN THIS DOCUMENT ON YOUR OWN BEHALF. ALL INFORMATION IS REQUIRED.

Household Information

Parent Name: _____

Parent Birth Date (MM/DD/YYYY): _____

Contact Number: _____

Street Address: _____

City/State/Zip: _____

Child Information

Child 1 Name/Birthdate: _____ / ____ / ____

Child 2 Name/Birthdate: _____ / ____ / ____

Child 3 Name/Birthdate: _____ / ____ / ____

Child 4 Name/Birthdate: _____ / ____ / ____

PARENT/GUARDIAN SIGNATURE:

**ABERDEEN TOWNSHIP DEPARTMENT OF PARKS & RECREATION
SUMMER ADVENTURES PROGRAM
PERMISSION SLIP & RELEASE OF CLAIMS**

PARTICIPATION: I, the undersigned parent and/or legal guardian of the applicant (hereinafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in the Aberdeen Township Summer Adventures Program. I verify that the aforementioned information is correct and accurate to the best of my knowledge.

MEDICAL: I represent and warrant to you that I am aware of the various physical activities that my child will be participating in and state that the Entrant is physically and mentally able to participate in the Aberdeen Township Summer Adventures Program.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the Summer Adventures Program may designate to carry out any minor medical or surgical treatment and/or medication necessary, or take the above named participant to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of such participant. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible, by telephone for permission.

RELEASE OF CLAIM: I, the undersigned, hereby agree to indemnify and hold harmless the Township of Aberdeen from any and all claims or actions whatsoever arising from the participation of my child in the Aberdeen Township Summer Adventures Program.

PERMISSION TO PARTICIPATE: In permitting the Entrant to participate, I am specifically granting permission to you to use the name, likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Aberdeen Township Summer Adventures Program and in appealing for funds to support such activities.

I, the undersigned, am the parent/guardian of the aforementioned Entrant. I have read and fully understand the provisions of the above release and have explained them to said Entrant. I hereby agree that I and said Entrant will be bound thereby.

CHILD'S NAME: PLEASE PRINT

PARENT/GUARDIAN NAME: PLEASE PRINT

PARENT/GUARDIAN SIGNATURE

DATE: _____