

MORRIS COUNTY PARK COMMISSION

Office Use Only
Reg. Rcvd: _____
Amount: _____
Check: _____
Approved: _____

Please check the session you are registering for:

July 26 – July 30 \_\_\_\_\_

August 2 – August 6: \_\_\_\_\_

10% discount for both weeks



Program Participants Name: \_\_\_\_\_

Family Information

Parent #1

Parent #2:

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Business #: \_\_\_\_\_

Business #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address:

Secondary Contact: (if above cannot be reached)

Street: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Program Participant Information:

Date of Birth: \_\_\_\_\_ Sex: M F Last Grade Completed: \_\_\_\_\_ T-shirt Size (youth): S M L XL

Health History: Ex. Asthma, Allergies \_\_\_\_\_

\_\_ Yes \_\_ No My child has permission to engage in all prescribed camp activities, except as noted.

\_\_ Yes \_\_ No In case of in climate weather and we need to transport your child to an indoor facility on the property do you permit them to ride in a county vehicle.

\*\*\*I am aware that my child will be riding a bus to Craigmear Recreation Complex, Rockaway on the either 7/28 or 8/4 of camp. Signature: \_\_\_\_\_ \*\*\*

Camp reserves the right, in its sole discretion, to suspend or dismiss any camper if his or her conduct is detrimental to the well being of the camp or any other camper(s). There are no refunds or credits for suspensions or dismissal from camp.

Remit Registration form to: Morris County Park Commission Attn: Camp Sunrise Lake  
PO Box 1295 Morristown, NJ 07962-1295

