Registration Procedure Summer 2018:

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 Tuesday, May 01, 2018 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 Tuesday, May 08, 2018 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. Parent meeting will be held on June 11, 2018 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.
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

Dear Parent/Guardian:

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

GENERAL CAMP ROBIN INFORMATION

Dates: July 2, 2018 – August 10, 2018

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

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

Fee: $235.00 Residents, $385.00 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 11 2018 at 6:15 pm. A camp meeting will be held on June 11, 2018 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 13, 2018. Please pay the first two weeks by July 2, 2018.

On swimming days, have camper wear their bathing suits under their clothes. Please put sunscreen 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 11, 2018. 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
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 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

______________________________ (Participant’s 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
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 Down 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.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
<th>If yes, or history of, describe</th>
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<tbody>
<tr>
<td>Auditory Impairment</td>
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<td>Learning Disability</td>
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<td>Mental Impairment</td>
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<td>Psychological Impairment</td>
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<td>Speech Impairment</td>
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<td>PVD</td>
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<td>Postural Hypotension</td>
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<td>Hemophilia</td>
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<td>Pulmonary</td>
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<td>Asthma/COPD</td>
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<td>Neurological</td>
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<td>Seizures</td>
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<td>Controlled</td>
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<td>Type __________________________</td>
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<td>Last Seizure: _____ / _____ / _____</td>
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<td>Hydrocephalus</td>
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<td>Shunt</td>
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<td># Revisions ____________________</td>
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<td>Sensory Loss</td>
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<td>Pain</td>
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<td>Muscular</td>
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<tr>
<td>Contractures</td>
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</table>
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 ____________________________

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.4010

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 Guardian

Print Name: ______________________ Phone: ______________________

Address: ______________________________________________________________

Sworn and subscribed before me this _______ day of _____ 2018

______________________________  
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 Guardian

Print Name: ______________________ Phone: ______________________

Address: ______________________________________________________________
Memo

To: Parents / Guardian:

From: Pete Pero

Subject: Ordering Extra Tee Shirt

Date: May 1, 2018

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 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.

<table>
<thead>
<tr>
<th>SHIRT SIZE</th>
<th>QUANTITY</th>
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<tbody>
<tr>
<td>6 - 8</td>
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<td>10 - 12</td>
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<tr>
<td>14 - 16</td>
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<table>
<thead>
<tr>
<th>ADULT SIZE</th>
<th>QUANTITY</th>
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<tbody>
<tr>
<td>Small</td>
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<tr>
<td>Med.</td>
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<tr>
<td>Large</td>
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<tr>
<td>Ex-Large</td>
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<tr>
<td>XX-Large</td>
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</table>

Please make check payable to the Township of Old Bridge.