

# MEET THE BAY



## KEYPORT'S 3 DAY MINI CAMP

Welcome to the 1<sup>st</sup> Keyport Mini Camp designed to introduce your children to the Bay. Growing up in the Bayshore should include learning about and exploring the Raritan Bay.

*(Note: this program is open to Keyport Residents only; ages 8-12)*

Our three day program will include programming by Save Coastal Wildlife, Monmouth County's Nature on the Move and members of the community. It is designed to bring the bay; it's inhabitants and more into your children's universe. The program will be held at Beach Park, located at First Street and Broad Street.

The program will be offered twice, select which one works for you:

- Tuesday – Thursday August 16 – 18
- Tuesday – Thursday August 23 – 25

Cost for the 3 days per Camper \$30; Camper + 1 sibling \$45; Camper + 2 siblings \$60

Each day begins at 9am and finishes at 2pm. Campers should bring their own lunch, along with the other suggested items on the checklist.

# **What to bring each day**

- LUNCH
- WATER
- SUNSCREEN (Please apply initial coat before arrival)
- TOWEL
- SHOES/SANDALS THAT CAN GET WET
- HAT AND/OR SUNGLASSES
- ENTHUSIASM
- QUESTIONS

Arrive at the Beach Park Gazebo between 8:45 and 9am

Pick up is 2pm

## DAILY CAMP SCHEDULE

**8:45-9:00** Drop off  
**9:00-9:15** Overview of the day  
**9:15 – 12:00** Primary program  
**12:00-1:00** – Lunch and Volleyball  
**1:00 – 2:00** Review/Journal/Create

**\*\*LUNCH IS NOT INCLUDED \*\***

---

## REGISTRATION DETAILS

**Please note each camp will have limited capacity, we will maintain a short waitlist in the event of any cancellations**

- Three completed forms: Registration, Medical, Waiver **and** Check must be mailed to
  - Borough of Keyport  
Attn: Recreation  
P.O. Box 60  
Keyport NJ 07735.
- Notifications of acceptance/waitlist will be communicated by July 11<sup>th</sup>.

Questions please call or email:

***Recreation Secretary***

Denise Nellis

Phone: 732-739-5145

[recreation@keyportonline.com](mailto:recreation@keyportonline.com)



**Keyport 3-day Mini Camp 2022 Registration Form**

**9:00am-2:00pm**

**Tuesday-Thursday**

**Ages: 8-12 years old**

**Circle One Program:**

**Aug 16-18 or Aug 23-25**

**(Are you able to attend either one if  
your choice is already full? Yes/No)**

Child's name _____ Sex: <u>  </u> M <u>  </u> F Age: _____
Child's name _____ Sex: <u>  </u> M <u>  </u> F Age: _____
Child's name _____ Sex: <u>  </u> M <u>  </u> F Age: _____

**Parent/ Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

1.) **Emergency Contact Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

2.) **Emergency contact name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Sign in/Sign out.** If someone other than you will be signing your child in or out, please list name (first & last) below.

- 1.
- 2.
- 3.

**Please Check:** My child will be picked up from camp \_\_\_\_\_

My child has permission to walk home after camp \_\_\_\_\_

***\*Children walking will be released at 2:00pm\****

**MY CHILD MAY BE PHOTOGRAPHED FOR KEYPORT RECREATION FACEBOOK PAGE/CAMP PURPOSES.**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**MEDICAL INFORMATION**

**\*\* PLEASE SPECIFY CHILD\*\***

The following special health problems concerning my child should be noted-  
if none, please circle "none."

- HEART CONDITION    -ALLERGY (specific below whether food, bee sting, etc.)    -ASTHMA  
-HEMOPHILIA                      -DIABETES                      -OTHER                      -NONE

*Describe condition noted above with particularity, including any medications or other instructions:*

---

---

---

If the event of a medical emergency, I hereby authorize the Keyport Recreation staff to obtain medical attention or hospitalization for my child.

Child's Physician: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Parent/Guardian contact numbers:

(Home/work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Alternative emergency contact: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I have read the information, verifying its accuracy, and agree to the statements made above:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Keyport Recreation  
Three Day Mini-Camp Program  
Release and Wavier of Liability Form**

Name of Parent \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Email \_\_\_\_\_ Name and Age of Participant \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**By completing and signing this form, I hereby agree to the following:**

1. That my child is participating in a Three Day Mini-camp program offered by the Borough of Keyport through the Keyport Recreation Committee during which I will receive information/instruction about various wildlife and the environment along the bay.

2. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which my child might incur as a result of participating in the Keyport Mini-camp program.

3. My child does not have, to my knowledge, any physical or mental condition or disability that would preclude their participation in this program and I have complete and full medical insurance, or else I agree to bear the costs of any injury or damage myself. I take complete responsibility for their health and well-being in this program and acknowledge that I will be fully responsible for any medical costs associated with any injury they may sustain as a result of participating in the Keyport mini-camp program.

4. I for myself, my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights and claims for damages that I may have against the Borough of Keyport, and their employees, members, and instructors, for any and all injuries or harm of any manner arising or resulting from my child's participation in the Keyport mini-camp program.

5. I release and discharge the Borough of Keyport and their employees, members, or instructors from any and all liability, claim, or action that I may have related to the loss, theft or damage of any of my personal property while at the Keyport mini-camp program.

6. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**PARTICIPANTS UNDER 18 YEARS OF AGE**

I, \_\_\_\_\_, represent that I have the actual authority to and do hereby enter into this release and waiver of liability on behalf of, and as an authorized agent, parent or legal guardian of any child/ward listed on this waiver of liability.

Signature of parent/guardian if under 18 years of age: \_\_\_\_\_

Date: \_\_\_\_\_