

Registration

Please mail camp registration form and make checks payable to:
North Wildwood Recreation Department
900 Central Ave. North Wildwood, NJ 08260
(609) 522-2955

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone # _____
Summer Address _____
Summer Phone # _____
Entering Grade _____ Date of Birth _____

Desired Week(s)

July 11 - 15 July 25 - July 29 Aug. 8 - 12

Please Note: We do not provide medical or accident insurance. Describe any pre-existing medical conditions we should be aware of:

As parent/guardian of the child, I certify that he/she is in excellent physical health and capable of participating in strenuous activity. I hereby give my approval to his/her participation at the Beaches By the Beach Camp. I agree to waive all claims resulting from or in connection with the activities in which my child is a participant. I hereby release, defend, and hold harmless the beaches by the Beaches By the Beach Camp, its coaches and directors, its members, organizers, sponsors and operators from any such claim. I hereby give permission for a representative of Beaches By the Beach to transport my child if necessary for medical attention.

Signatures Parent / Guardian

