



Anthony Vauss
Mayor

TOWNSHIP OF IRVINGTON
DEPARTMENT OF RECREATION
CHRIS GATLING RECREATION CENTER
285 UNION AVENUE
IRVINGTON, NJ 07111
Tel. (973) 399-6597 Fax: (973) 399-6594
Email: www.irvington.net

Donald Malloy
Director

“2024 Summer Fun In The Sun Application”
July 1, 2024 - August 16, 2024 / Monday – Friday / 9:00 am – 5:00 pm

PLEASE print out and complete. Mail completed application with attachments & money order to:
1 CIVIC SQUARE, IRVINGTON, NEW JERSEY 07111
ATTN: DEPT OF RECREATION

NOTE: space is limited. Sites may decrease or be eliminated based on registration

Please bring the following for registration

1. Proof of Address:

- * PSE&G/Electric Bill
- * Lease

2. Proof of Age:

- * Original Birth Certificate
- * Passport (*current / not-expired*)

PRICE LIST

___ Registration \$40

ADDITIONAL ACTIVITIES (optional)

___ Keansburg Amusement Park (trip) \$48
Wednesday, July 24, 2024 11:30 am

___ Funplex (trip) \$42
Wednesday, August 7, 2024 10:30 am

___ Pool \$15

___ T-Shirts \$10 (purchase if child is going on trip)

Please check the correct T-Shirt Size:

- ___ Youth S
- ___ Youth M
- ___ Youth L
- ___ Adult S
- ___ Adult M
- ___ Adult L
- ___ Adult XL
- ___ Adult 2XL

SITES (choose a park site):

| | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Chris Gatling Rec Center (9:00am -5:00 pm) 285 Union Ave Age at Site: 6 to 13 years old | <input type="checkbox"/> Chancellor Playground/Park (9:00am -5:00 pm) Rutgers St / Union Ave (<i>Behind Union Ave Middle School</i>) Age at Site: 6 to 14 years old | <input type="checkbox"/> Orange Park (9:00am -5:00 pm) 121 Orange Ave (<i>Behind Irvington High School</i>) Age at Site: 6 to 14 years old | <input type="checkbox"/> 40th Street Playground/Park (9:00am -5:00 pm) 40 th St Age at Site: 6 to 13 years old | <input type="checkbox"/> Parkway Playground (9:00am - 5:00 pm) 65 Berkeley Terr (<i>Behind Berkeley Terr School</i>) Age at Site: 6 to 12 years old |
|---|---|--|---|---|

Name of child: _____ Age: _____ D.O.B: _____

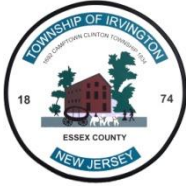
Address: _____ Contact # _____

Email: _____ Emergency # _____

Parent/Guardian Signature: _____ Date: _____

Money Order* Absolutely **No Refunds** or Transfers!!!

Receipt#: _____ Received by: _____ Date: _____



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2024 Medical Form

Child's Name _____

Address _____

Name of Mother _____ Telephone _____

Name of Father _____ Telephone _____

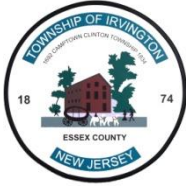
In the event of an emergency where the parents cannot be reached please list 2 other responsible contact person with current number and address:

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

1. Does your child (ren) have any physical disabilities or limitations? Yes___ No___
Comment on type _____
2. Are there any medical, physical, and/or emotional concerns? Yes___ No___
Comment on type _____
3. Does your child (ren) have any allergies (food allergies)? Yes ___ No___
Comment on type _____
4. Is your child (ren) under a doctor's care at this time? Yes ___No___
Comment on type _____
5. Is your child (ren) taking any type of medication
(e.g.: asthma inhaler, psychotropic, antibiotics, etc) ? Yes___ No___
Comment on type _____

Signature of Parent or Legal Guardian _____ **Date** _____



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Summer Rules & Policies

- NO** form of bullying will be tolerated! If your child is caught, there will be a conference with parents, followed by your child's immediate expulsion from the program.
- Fighting (disrespectful behavior) will not be tolerated! If your child persists on fighting (being disrespectful), there will be a conference with parents, followed by your child's suspension/expulsion from the program.
- This is not a summer activities babysitting service program. This is an activity driven program.
- You must respect those in charge of your child/children.
- Only parents are allowed to pick up child/children unless written authorization, by the parent, is given designating another person. That designated person must show ID before picking up the child/children.
- Only the staff, employed by the Township of Irvington, are allowed in the area where the Summer Program is taking place and are allowed to be with children during the activities program.
- No bandanas (head wraps/paraphernalia) of any colors are allowed, No toys, Game Boy, PSP players, iPads, tablets, no hand held electronic games are allowed, Cell phone for emergencies only.

The Dept. of Recreation will not be responsible for any lost, stolen or damaged items.

- Your child must be dressed properly i.e., shorts, skorts, sneakers, pants, shirt/blouse. Dresses, skirts, open toe shoes and crocs will limit the type of activities your child(ren) will participate in.
- Policies must be adhered to, or your child/children will not be accepted in the **2024** Summer Activities Program.
- All children are to be picked up at exactly 5:00p.m. sharp or we will notify the Police Department.**

TRIPS:

- All trips must be paid **immediately. First come first serve (No exceptions).** Children are to report to Orange Park, which is located behind Irvington High School, on all trip days at 9:00 a.m.
We do not and will not provide transportation to Orange Park, parents are responsible for bringing and picking up their child/children. Buses may arrive late from the trip. Please allow us a 45 minute window when returning from the trip.
- Child/Children will be allowed to bring spending money, **But we will not be held responsible for lost or stolen monies. Staff is not allowed to hold any money.**
- All children **must wear the Township summer camp t-shirt and sneakers** on the day of the trip.

Agree: Yes No

Child Name (print): _____

Parent Name _____

Print

Parent Name _____

Signature

Date _____



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2024 POOL REGISTRATION FORM

June 2024 thru September 2024

Time: 10:00 a.m. – 6:00 p.m. Monday-Friday

12:00 p.m. – 6:00 p.m. Saturdays

General Public-1pm-6pm

Daycares/Camps- 10am-1pm Weekdays Only

| | | |
|---|--|---|
| <input type="checkbox"/> MINORS (\$15.00): permanent residents of Irvington (age: infants up to 18 years of age) | <input type="checkbox"/> ADULTS (\$35.00): permanent residents of Irvington over the age of 18 and up to the age of 59 | <input type="checkbox"/> FAMILY (\$75.00): permanent residents of Irvington husband, wife, unmarried children up to and including 17 years of age, residing in the same household |
| <input type="checkbox"/> SENIOR CITIZENS (\$15.00): permanent residents of Irvington (age: 60 and older) | <input type="checkbox"/> NON-RESIDENTS (\$20.00): (DAILY) | <input type="checkbox"/> NON-RESIDENTS: temporarily residing with an Irvington resident: ages 6 to 12 (\$10.00) ages 13 to 18 (\$15.00) |

1. Pool card **MUST** be presented to enter pool area.
2. Loan or Transfer of pool card will result in loss of all privileges
3. Violators of regulations are subject to loss of privileges
4. Lost I.D. card must be replaced at a cost of \$10.00
5. Children under 12 years of age **MUST** be accompanied by an adult
6. Loitering around pool area is **PROHIBITED**. Violence/Disruption of any kind will result in loss of pool privileges.

Name of Organization _____

Name (Child / Person in Charge) _____

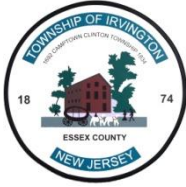
Address _____

No of Children _____ Park Site _____

Phone Number _____ Emergency Number _____

Method of Payment: Cashier's Check #: _____ Money order # _____

Receipt# _____ Rec'd by _____ Signature _____



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A PARENT, LEGAL GUARDIAN, OR EMPOWERED REPRESENTATIVE OF EACH MINOR CHILD(REN) REGISTERING TO ATTEND DEPARTMENT OF RECREATION SUMMER DEPARTMENT OF RECREATION S (THE "DEPARTMENT OF RECREATION ") MUST AGREE TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AND NAME AND LIKENESS PRIOR TO THE CHILD(REN) PARTICIPATING IN THE DEPARTMENT OF RECREATION CAMP.

I, on behalf of myself and my Child(ren), hereby acknowledge and agree that:

Name and Likeness Release:

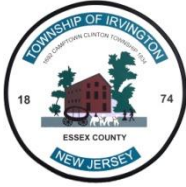
In consideration for my child(ren) being permitted to participate in the Department of Recreation, I hereby grant permission to Department of Recreation for The Township of Irvington, and each of its affiliated or subsidiary companies, their successors, agents, and assigns ("Department of Recreation") to utilize my child(ren)'s name, voice, and likeness (including, but not limited to, photographs and any video/audio recording of my child(ren)'s appearance at the Department of Recreation) in any and all manner and media, now known or hereafter developed, throughout the universe in perpetuity without limitation and without additional compensation or consideration, notification, or permission, unless prohibited by applicable law. I hereby waive any right that I or my child(ren) may have to inspect or approve any finished product (including, but not limited to, any Department of Recreation blog, brochures, videos, slide shows, web sites, and/or other materials) or any advertising copy that may be used in connection therewith or the use to which it is applied. I hereby warrant that I have the right to make this release on behalf of my child(ren) and that my granting this waiver and release and the rights conveyed thereby will not infringe upon the rights of any third party.

I hereby assign all rights, title, and interest my child(ren) or I may have in any and all media now known or hereafter developed in which any or all of my child(ren)'s appearance, name, voice, and/or likeness have been captured in connection with the Department of Recreation, along with full rights of assignability. I understand and agree that any photographs and/or video/audio recordings I make of my child(ren) at the Department of Recreation shall be used solely for my and his/her/their private, noncommercial use, and that absolutely no sale, transmission, distribution, or commercial use of any such photographs and/or video/audio recordings or descriptions are permitted.

Medical Treatment:

In connection with any injury my child(ren) may sustain or illness or other medical conditions my child(ren) may experience during his/her/their participation in or attendance at the Department of Recreation , I authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by the attending medical personnel if I am not able to act on my child(ren)'s behalf. In the event that I cannot be contacted in the event of an emergency, I further hereby grant Department of Recreation permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. I further authorize the attending medical personnel to execute on my child(ren)'s behalf any permission forms, consents, or other appropriate documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that Department of Recreation will notify me if my child(ren) becomes ill during Department of Recreation hours, and I will arrange to have my child(ren) picked up immediately from Department of Recreation . Further, I waive and release Department of Recreation and its owners, officer, directors, employees, agents and independent contractors from any and all liability for personal injuries, illness, loss, or damage to property.

Initials _____



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Department of Recreation Policies and Rules:

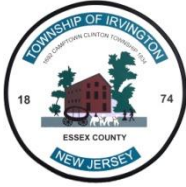
I understand and agree that my child(ren) must abide by the Department of Recreation policies and rules and the instructions of the Department of Recreation organizers, employees, staff, counselors, and volunteers at all times, and that my child(ren)'s failure to do so will result in his/her/their immediate dismissal from the Department of Recreation . Some of these policies, rules, and instructions are written and some are at the sole discretion of the Department of Recreation organizers, employees, staff, counselors, and volunteers; however, it is understood that all policies, rules, and instructions seek at all times to ensure the overall safety of the Department of Recreation and each of its participants. Furthermore, should my child(ren) fail to behave in an appropriate manner, intentionally harm another participant, exhibit signs of illness, or violate any Department of Recreation policy and rule, I shall promptly retrieve my child(ren) when contacted by Department of Recreation to do so, or, if I am unable to do so, notify Department of Recreation of the person retrieving my child(ren) on my behalf. I acknowledge and agree that no part of the tuition paid will be refunded to me should my child(ren) be dismissed from the Department of Recreation . I also understand and agree that no reduction or prorated in the tuition will be made for late arrivals, early departures, vacations, illness, or injury.

Liability Release and Indemnity Agreement:

I, on behalf of my child(ren), hereby release and forever discharge and agree to indemnify and save and hold harmless, Department of Recreation facility partners, the respective owners (direct and indirect) and each of their respective parents and affiliated and subsidiary companies, volunteers associated or affiliated with the Department of Recreation , and each of the aforementioned respective officials, owners, partners, directors, officers, employees and agents, and the other participants in the Department of Recreation (each such entity or individual being referred to as a "Released Party"), of and from any and all injuries (including personal injury, disability, dismemberment, and death), illness losses, damages, claims, liabilities, or expenses of any kind or nature (and whether accruing to me, my child(ren), my heirs, or my personal representatives) that are caused or alleged to be caused in whole or in part by the action, negligence, or failure to act by any Released Party or condition of any real or personal property, facility, or equipment of any Released Party, and that arise out of or are in any way connected with any aspect of the Department of Recreation or my child(ren)'s participation therein or attendance thereat. I acknowledge that, in the event of any breach by Department of Recreation, or any third party, the damage, if any, caused me or my child(ren) thereby will not be irreparable or otherwise sufficient to entitle me or him/her/them to seek injunctive or other equitable relief, and my child(ren) and I will be strictly limited to the right, if any, to recover damages in an action at law.

Neither my child(ren) nor I will have either the right to rescind or terminate this waiver and release or any of Department of Recreation, rights hereunder, or the right to enjoin the production, exhibition, or other exploitation of my child(ren)'s name, voice, and likeness, or any subsidiary or allied rights with respect thereto.

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I understand that any and all signatures, statements, and information provided on the *Summer Fun In The Sun Application* and *Medical Form* are accurate and true. The Township of Irvington will not be held liable for false information provided by me. My child(ren) will be subject to termination from the program for false information provided by me.

Parents/Guardian Name Printed

Dated

Parents/ Guardian Signature

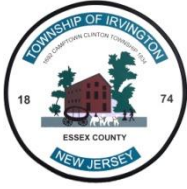
Witness

Youth Name

Address:

Phone Number: _____ **Emergency Phone Number:** _____

Absolutely No Refunds or Transfers!!!



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Chris Gatling Recreation Center* 285 Union Avenue * Irvington, NJ 07111

TRAVEL / PICK UP PERMISSIONS

1. I do I do not
give my child permission to walk home from designated camp site.

2. I do not give any person permission to pick up my children.

3. I give the following permission to pick up my child:

4. Child's Name (s): _____

5. Parent/Guardian Signature: _____