



# PARK RIDGE DAY CAMP

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## Trip Registration

Dear families:

We are pleased to announce that we will be expanding our day camp program for the 2013 summer. To better serve the children, field trips are being offered for registered campers. However, there are additional registration forms and fees associated with these programs.

PLEASE NOTE THE FOLLOWING:

- Registration for ALL field trips (*including BOWLING*) is due by **June 7<sup>th</sup>, 2013**.
- All registrants must be registered for the current year at the Park Ridge Summer Day Camp. Registrations for day camp and the field trips may be submitted at the same time.
- LIMITED SPACE IS AVAILABLE FOR TRIPS. Registration will be accepted on a first come, first served basis.
- Trip registration for Park Ridge Residents will be held in-person on Saturday, May 18, 2013 from 12 pm - 5pm at the Car Show held in the Park Ridge Pool parking lot. Forms will also be available online.
- All trips (except Stonybrook) will be held rain or shine. Even if camp is not in session that day.
- In the event of inclement weather, pick up/drop off for bused trips (Bounce U and Gravity Vault) will be at **the Mancinelli Community Center**.
- Bowling days will require advanced registration this year.
- Camp T-shirts (which will be distributed during the first week of camp) should be worn on all field trips.

## FIELD TRIPS - 2013

### **Bounce U Monday, July 1<sup>st</sup>**



Kids will flip as they bounce their way to fun! Bounce U is an air-conditioned facility with inflatable rides. We will be boarding the buses at 8:45 AM and returning to camp at approximately 11:50AM. Campers may bring a small, disposable snack with them to enjoy.

**COST-\$22.00 LIMIT-80 Campers**

**(CAMPERS MUST SIGN FACILITIES WAIVER/ HOLD HARMLESS FORM)**

### **The Gravity Vault, July 11<sup>th</sup>**



Kids can enjoy rock climbing in this state-of-the-art facility. Campers will be working closely with the Gravity Vault's instructors as they are "shown the ropes." We will be boarding the buses at 9:00 AM and returning to camp at approximately 11:50AM. Campers may bring a small, disposable snack with them to enjoy.

**COST-\$34.00 LIMIT- 80 Campers**

**(CAMPERS MUST SIGN FACILITIES WAIVER/ HOLD HARMLESS FORM)**

### **Montvale Lanes, Dates – (K-2, July 8<sup>th</sup> and July 25<sup>th</sup>) (3-7, July 24<sup>th</sup> and July 31<sup>st</sup>)**



Located right nearby, Montvale Lanes is a Park Ridge Day Camp favorite! We have been enjoying a relationship with the bowling alley for more than 30 years and we will continue that tradition this year! Details regarding drop off and pick up will be shared the week of the trip. Campers may bring a small, disposable snack with them to enjoy.

**COST-\$12.00 (\$6.00 per session x 2 sessions) OPEN TO ALL REGISTERED CAMPERS**

### **Stonybrook Swim Club, July 30<sup>th</sup>, (Raindate -August 1<sup>st</sup>)**



Located in nearby Hillsdale, Stonybrook is extending its hospitality to us for a full day of swimming! **Please note: Camp will NOT be in session the day of our Stonybrook trip.**

Furthermore, this is a drop-off event. Details about drop off and pick up will be communicated out at least 1 week prior to this trip.

**COST-\$6.00 OPEN TO ALL REGISTERED CAMPERS**

**\*\*WE REGRET THAT WE ARE UNABLE TO ISSUE REFUNDS ONCE PAYMENT HAS BEEN MADE.**



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## Field Trip Registration Form

CHILD'S NAME: (PLEASE PRINT) \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

TELEPHONE: Home# \_\_\_\_\_ Work# \_\_\_\_\_

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

### \*EMERGENCY CONTACT\*

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

MEDICAL INFORMATION: ALLERGIES? \_\_\_\_\_

MEDICATION TAKEN ON A REGULAR BASIS? \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please identify the trips your child will attend:**

Bounce U - \$22.00

The Gravity Vault - \$34.00

Montvale Lanes - \$12.00 \_\_\_\_\_(K-2) \_\_\_\_\_(3-7)

Stonybrook Swim Club - \$6.00

Total Amount Enclosed: \_\_\_\_\_

**\*\*WE REGRET THAT WE ARE UNABLE TO ISSUE REFUNDS ONCE PAYMENT HAS BEEN MADE.**



# PARK RIDGE DAY CAMP

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## Field Trip Permission Form

I, the undersigned parent or guardian of the above named applicant, do hereby give my permission for him/her to participate in the Park Ridge Summer Day Camp Field Trip Program.

I do assume all risks and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the Borough of Park Ridge, the Park Ridge Recreation Committee, its agents and instructors, any or all of them.

I do further understand that the Borough of Park Ridge or the Park Ridge Recreation Committee does not provide Accident Insurance for this activity. I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above- named child should require such attention during this activity.

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MOTHER'S NAME (Please Print)

FATHER'S NAME (Please Print)

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SIGNATURE OF PARENT/GUARDIAN

DATE



# PARK RIDGE DAY CAMP

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## SUMMER CAMP RELEASE OF LIABILITY AND WAIVER FORM

### RELEASE:

I am the parent or legal guardian of the child or children named below. I understand that my child's or children's participation in the Park Ridge Summer Camp Program is voluntary. I also understand that selected camp activities, some of which are outlined below, may involve accidental injury and that there are natural hazards associated with the camp and related activities. I hereby affirm that my child or children are in good health and physically capable of performing all required camp activities. In consideration of having my child or children participate in these activities I hereby release and forever discharge all camp personnel and the Borough of Park Ridge, and its agents and employees, from all claims of liability for damage, injury or any other loss that may be sustained while my child or children participate in any camp activities.

I further agree to indemnify and hold the Borough of Park Ridge, all camp personnel and their agents and employees from any and all injuries, liabilities or damages resulting from my child or children's participation in camp activities. I also understand that I may be required to sign additional Release and/or Waiver documents prepared by the independent operators of facilities providing outside camp activities, and I agree that my child or children will not be permitted to participate in those activities for which additional Release and/or Waiver documents are required unless I sign such documents.

Some of the activities in which my children may participate involve bicycle riding, rock climbing, use of the Bounce U facility, visits to water parks, and travel to and from these activities.

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

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

\_\_\_\_\_  
Name of Child/ Children

# BounceU®

## Waiver, Release, Hold Harmless, and Indemnification Agreement

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at BounceU the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

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Participant Name	Date of Birth
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Participant Name	Date of Birth
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Participant Name	Date of Birth
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Participant Name	Date of Birth
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2. I acknowledge and understand that there are risks associated with participation in BounceU activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at BounceU.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this BounceU facility, BU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I additionally agree to indemnify the independent owner of this BounceU facility, BU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

**By my signature below I acknowledge that I have read and agree to the above terms and conditions:**

Parent / Guardian Name (please print): \_\_\_\_\_

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

Emergency Contact number: (    ) \_\_\_\_\_ or (    ) \_\_\_\_\_

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

**Email Guarantee:** *Your email address will be used by BounceU ONLY, to send you exclusive offers, coupons, current events and news. We will never sell, or otherwise share, your email address.*

# THE GRAVITY VAULT INDOOR ROCK GYMS

## TERMS OF GYM USE AND WAIVER AND RELEASE OF CLAIMS AGREEMENT

107 Pleasant Avenue, Upper Saddle River, NJ 07458  
40 Watchung Avenue, Chatham, NJ 07928

201.934.ROCK (7625)  
973.701.ROCK (7625)

Date \_\_\_ / \_\_\_ / \_\_\_

Name of User \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

### **AGREEMENT (1) FOR ACKNOWLEDGMENT OF RISK, (2) FOR WAIVER, DISCLAIMER, AND RELEASE OF LIABILITY, (3) NOT TO SUE AND (4) FOR INDEMNITY**

I, on behalf of myself (or if signing on behalf of a child or children, on behalf of such child or children) and on behalf of my (or my minor's) heirs, personal representatives, spouse, next of kin, successors and assigns, hereby understand, acknowledge, and voluntarily agree with The Gravity Vault, LLC, its shareholders, members, owners, officers, directors, employees, agents, contractors, insurers and/or landlords, and each of their respective successors and assigns (hereinafter collectively the "GYM") as follows:

CLIMBING IS AN INHERENTLY HAZARDOUS AND DANGEROUS ACTIVITY AND INVOLVES BOTH INHERENT AND EXTRINSIC, AND BOTH NATURAL AND ARTIFICIAL RISKS THAT MAY RESULT IN ALL MANNER OF HARM, LOSS, DAMAGE, PROPERTY DAMAGE, SERIOUS PERSONAL INJURIES, OR DEATH TO ME AND/OR OTHERS FROM, FOR EXAMPLE, (a) FALLS FROM THE CLIMBING SURFACE ONTO THE FLOOR, ROCK SURFACE, PROJECTIONS OR OTHER OBJECTS, (b) FALLING ONTO OTHERS PRESENT, (c) CLIMBERS OR OTHER OBJECTS (SUCH AS ROPES, HOLDS OR HARDWARE) FALLING ONTO ME, (d) IMPROPER USE, INSTALLATION OR MAINTENANCE OF GEAR, EQUIPMENT AND/OR APPARATUSES, (e) GEAR AND EQUIPMENT DEFECTS OR MALFUNCTION, (f) FAILURE TO FOLLOW PROPER CLIMBING AND/OR BELAY PROCEDURES, (g) IMPROPER OR INSUFFICIENT TRAINING, SUPERVISION AND/OR INSTRUCTION, (h) ROPE ABRASION AND/OR ENTANGLEMENT, (i) CUTS AND ABRASIONS RESULTING FROM SKIN CONTACT WITH THE CLIMBING WALL, AND (j) FAILURE OF ROPES, SLINGS, BOLTS, CHAINS, CLIMBING HARDWARE, ANCHOR POINTS, OR ANY PART OF THE CLIMBING WALL STRUCTURE. I fully and completely acknowledge that the above list and descriptions are not all of the risks associated with use of and presence in the GYM, and that the above list in no way limits the extent or scope of this Agreement.

My presence in and use of the GYM facilities is entirely voluntarily and with a complete and full understanding that any and all such usage, including, but not limited to climbing, is entirely voluntary and with a complete and full understanding that any and all such usage involves all manner of hazards and dangers. I ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY HARM, LOSS, DAMAGE, PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH TO ME OR OTHERS RESULTING FROM, ARISING OUT OF, OR ANY WAY IN RELATION TO MY USE OF OR PRESENCE IN THE GYM'S FACILITIES, GEAR, EQUIPMENT, CLIMBING WALLS AND APPARATUSES.

I have an obligation and responsibility to myself, as well as to other users of the GYM to conduct myself in a safe manner. I will not use the GYM while under the influence of drugs or alcohol or while suffering from or experiencing any other condition that might impair me.

I HEREBY **WAIVE, RELEASE, AND DISCHARGE** FOREVER, THE GYM FROM **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR CAUSES OF ACTION WHATSOEVER**, FOR ANY HARM, LOSS, DAMAGE, PROPERTY DAMAGE, PERSONAL INJURIES OR DEATH, DUE TO ANY NEGLIGENCE, GROSS NEGLIGENCE, OR ANY OTHER CAUSE (INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE GYM, OR ITS EMPLOYEES, CONTRACTORS OR AGENTS, OR OTHERWISE) RESULTING FROM, ARISING OUT OF, OR IN CONNECTION WITH MY PRESENCE IN OR USE OF THE GYM.

I HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE GYM, FROM AND AGAINST ANY CLAIM, CAUSE OF ACTION, LIABILITY OR JUDGMENT RESULTING FROM, ARISING OUT OF, OR IN CONNECTION WITH MY PRESENCE IN AND/OR USE OF THE GYM, ITS FACILITIES, GEAR, EQUIPMENT, OR APPARATUSES.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AND ANY OF MY CHILDREN WHO I AM SIGNING FOR SHALL HAVE (a) NO CLAIMS WHATSOEVER AGAINST, (b) HAVE NO RIGHT TO SUE, AND (c) HAVE NO RIGHT TO RECOVER ANY DAMAGES OR OTHER COMPENSATION FROM THE GYM.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE FULLY READ THIS AGREEMENT, AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS. I FULLY UNDERSTAND EACH AND EVERY TERM. I AM VOLUNTARILY EXECUTING THIS AGREEMENT. I FURTHER UNDERSTAND THAT THIS AGREEMENT HAS NO EXPIRATION DATE.

AGREED AND ACCEPTED:

Climber's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If under 18, signature of a parent or legal guardian is also required.**

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE SIGNED CHILD AND CAN AUTHORIZE THE RELEASE OF LIABILITY FOR THIS CHILD.

\_\_\_\_\_ (Initial)

**PRINT** Parent/legal guardian name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name	Relationship	Phone
_____	_____	( ) _____