



**Stone Harbor Volunteer Fire Company #1
PO Box 539
Stone Harbor, NJ 08247**

Chief Roger W. Stanford

FIRE CAMP REGISTRATION

JULY 9-10th, 2013

6:00 P.M. TO 8:00 P.M.

Camp is open to 1st through 5th Grade children and is limited to 40 participants

A form must be filled out for every participant. More forms are available upon request.

LAST NAME _____

FIRST NAME _____

STONE HARBOR ADDRESS _____

E-MAIL ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT & PHONE NUMBER _____

PARTICIPANT INFORMATION

PARTICIPANT NAME _____ M ___ F ___

DATE OF BIRTH _____ AGE ON _____, 2012

\$40.00 REGISTRATION FEE FEE INCLOSED \$ _____

Make checks payable to “**Stone Harbor Volunteer Fire Company**” and mail to PO Box 539, Stone Harbor, NJ 08247. For information, contact kgiulian@comcast.net

WAIVER

As the parent or guardian of the participant above, I hereby assume all risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Borough of Stone Harbor, Stone Harbor Volunteer Fire Company #1, and its employees from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them.

IN THE EVENT OF A FIRE WHISTLE, during camp hours, as the parent or guardian of the participant above, I am required to return to the Firehouse to retrieve my child (ren)

Signature _____ Date _____