



Howell Township Police Athletic League

PO Box 713, 115 Kent Rd. Howell, NJ 07731 • P: 732-919-2825 F: 732-919-1212 •

www.howellpal.org



PAL Special Needs Summer Camp 2018

Description of the Program

This program is available to children with special needs that will be attending the Howell School District Extended School Year (ESY) Program. Each day the children will be given the opportunity to learn and grow while interacting with their peers in a fun, safe environment. Daily activities will include arts and crafts, puzzles, team sports and activities, and much more!

When: July 9 through August 17, 2018

Mondays - Thursdays: 12:30 PM - 6:00 PM.

AND Fridays: 8:30 AM - 6:00 PM.

Full day Fridays may include trips and special activities!

Trip schedule and additional fees will be announced.

Where: Howell PAL at Southard School

115 Kent Road, Howell

Bussing will be provided from ESY to Southard School Monday through Thursday.
No bussing on Fridays.

Staffed by Certified Instructors:

Who work specifically with children with special needs.

Cost: \$180 per week.

You must enroll for a 4-week minimum. (Choose any 4 of the 6 weeks)

If registered for all 6 weeks, the cost will decrease to \$165 per week.



Summer ESY campers must bring their own lunch. Please label.

Completed registration forms and payment may be turned in at the PAL Main Office at Southard School
or sent to Howell PAL to PO Box 713 Howell, NJ 07731

Please make check payable to "Howell PAL"



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PAL SPECIAL NEEDS SUMMER CAMP

Participant Name: _____

Address: _____ **Zip Code:** _____

Phone #: _____ **Cell #:** _____

Date of Birth: _____ **Email address:** _____

EMERGENCY CONTACT:

Name: _____ **Relation:** _____

Phone #: _____ **Cell #:** _____

Please answer the questions on the next few pages so we are best able to care for your son or daughter:

Personal Information:

1. Please list any learning difficulties, physical disabilities, and emotional or behavioral issues:

2. Does participant wear glasses? _____ Hearing Aide: _____ Other: _____

3. Able to dress without assistance? Yes: _____ No: _____ (Describe capability):

4. Able to use bathroom facility unassisted? Yes: _____ No: _____ (Describe capability):

Additional Participant Information:

1. Favorite Individual Activity: _____

2. Favorite Family Activity: _____

3. Favorite TV Programs: _____

4. Favorite Movies: _____



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5. Favorite Type of Music/Song: _____

6. Favorite Games: _____

Any specific behavioral triggers or things to avoid:

Medical Information:

Does Participant need to take medication on a regular basis: Yes: ____ No: ____ If yes, please list all medications:

Does the Participant have any known allergies: Yes: ____ No: ____ If yes, please list:

PLEASE BE ADVISED: IN ORDER TO ADMINISTER ANY MEDICATION, INCLUDING OVER-THE-COUNTER MEDICATIONS, THE PAL MUST RECEIVE WRITTEN DOCUMENTATION FROM THE PARTICIPANT PHYSICIAN AND WRITTEN PERMISSION FROM PARTICIPANT PARENT/GUARDIAN.

APPROPRIATE PAPERWORK IS AVAILABLE AT THE PAL MAIN OFFICE.

Please Check All Conditions That May Apply:

<ul style="list-style-type: none"> • Asthma • Bronchitis • Chicken pox _____ • Chronic Sinus Issues • German Measles _____ • Heart condition _____ • Hernia _____ • Measles _____ 	<ul style="list-style-type: none"> • Mumps _____ • Paralysis _____ • Pneumonia _____ • Rheumatic fever _____ • Scarlet fever _____ • Seizure history _____ • Typhoid _____ • Whooping cough _____
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- **By signing below, I verify all known medical conditions have been fully disclosed.**
- **By signing below, I give permission to the PAL to call 911 in case of any medical emergency.**

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



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HOWELL POLICE ATHLETIC LEAGUE PARTICIPANT WAIVER

NOTE: This form must be read and signed before the member is allowed to take part in a PAL program. By signing this form the participant and/or parent or guardian agrees that they have read this waiver, understand the terms set forth herein and knowingly and voluntarily agree to the terms of this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone No.: _____ **DOB:** _____

In consideration of my involvement in the program under the auspices of the Howell PAL (and/or its officers, volunteers, sponsors, agents, members and/or activity participants) I hereby agree that:

I acknowledge that by participating in the event put on by the PAL by its very nature:

I may risk bodily injury, including paralysis, or death. While the particular rules of the sport, equipment, personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.

I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above-mentioned parties.

I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest Howell PAL Staff/Chaperone.

For myself, and on behalf of my heirs, those assigned as a personal representative and my next of kin, I hereby: Release, hold harmless and agree not to sue, file a claim for relief or otherwise take legal action against the Howell PAL, their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian Releases from liability of any of the aforementioned from any liability from any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct. This indemnification shall include the payment of the Howell PAL reasonable attorney fees in defense of any claim filed by you.

I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above-identified activity. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read this Howell Police Athletic League Participation Waiver and fully understand its terms. By signing this waiver, I acknowledge that I have done so both freely and voluntarily.

This signature certifies that I am adult participant. Alternatively, I am the parent/guardian with legal responsibility for this participant, who is a minor, and that I consent to the above and agree to his/her release. I also agree for heirs, my /our assigns, next of kin, to release and indemnify the Howell PAL from all liability, incidents to my /our child's involvement as stated above and myself/ourselves.

X _____

Parent/Guardian Signature

Date Signed

(PAL Office Use Only)

CHECK _____ CASH _____ AMT _____ RECEIVED BY _____