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2018 FALL Overnight Camping Trips REGISTRATION FORM

Student Name: _____ Date of Birth: _____

Student Address: _____ Gender: M () or F ()

City, State, Zip: _____ Spirit ID Number: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian Email Address: _____

DCPP Contact: _____ Office Phone: _____

DCPP Email Address: _____ Cell Phone: _____

I would like to enroll this student on the following program(s):

	<i>X</i>	<i>Course ID</i>	<i>Dates</i>	<i>Age Range</i>	<i>Program Location</i>
WEEKEND PROGRAMS		Parvin St. Pk Weekend	9/29/18-9/30/18	11-17	PARVIN STATE PARK 701 Almond Road, Pittsgrove, NJ 08318
		Cheesequake Weekend	10/20/18-10/21/18	11-17	CHEESEQUAKE STATE PARK 300 Gordon Road, Matawan, NJ 07747
		Wildcat Weekend	10/27/18-10/28/18	11-17	WILDCAT MT. WILDERNESS CENTER 1575 Clinton Road, West Milford, NJ 07421

Day 1 DROP OFF: 10:00 AM

Day 2 PICK-UP: 3:00 PM

I understand and affirm the following:

- Space is limited and registration is on a first-come, first-served basis. Registration is not confirmed until I am so notified via email.
- I am responsible for delivering this student to the Program Location listed above at **10:00 AM** on the first day of the program and for picking up this student at **3:00 PM** on the last day.
- I will ensure that the student arrives at the program with a completed, accurate Confidential Medical History form and an Assumption of Risk form, both signed by a parent or legal guardian.

I understand that if this student must leave the program prematurely, whether for medical, behavioral or any other reason, that I am responsible for transporting that student upon request by Project U.S.E.

Signature

Title

Date

Phone number to contact you in case of emergency: _____

Thank you for your registration!

Please fax this form to: 732-676-7788 or email to dcpp@projectuse.org. We will confirm your registration via email. If you have any concerns or questions, please do not hesitate to contact us.