

## 2015 BAY HEAD SUMMER RECREATION CAMP

**Dates:** Mondays through Thursdays, July 6<sup>th</sup> through August 7<sup>th</sup>  
9:00 am through 12:00 pm

**Location:** All Saints Church-Bristol Hall, 500 Lake Ave. (between Mount and Howe)  
When dropping children off, please park in the municipal lot near the former town hall/police station. Come across the footbridge and enter Bristol Hall from the rear entrance (adjacent to Howe St. end and Scow Ditch.)

**Eligibility:** Camp is for children ages 5 (on or before July 6<sup>th</sup> through 12.  
Camp is open to all children and grandchildren of individuals who are either residents of Bay Head or summer renters. Camp is also open to students enrolled at the Bay Head School, regardless of residency.

**Fee:** \$100.00 for 1<sup>st</sup> child, \$75.00 each addt'l child. Fee is not refundable for any reason.

**Contact:** Camp Director: \_\_\_\_\_ Tel. \_\_\_\_\_

Campers should bring their own snack. Please be aware we endeavor Camp to be a "peanut free zone". It is recommended that Campers bring a bottle of water to stay hydrated. Campers should arrive at camp with sun block applied. Campers should wear the appropriate footwear for outdoor activities. All campers must be picked up by NOON. You must notify the Camp staff in advance if a Camper is being picked up by a person other than his/her Parent or Guardian.

The Bay Head Recreation Department prohibits acts of bullying, harassment and intimidation. The Camp Director is authorized to suspend and /or terminate a Camper's attendance at Camp for violent and/or disruptive behaviors. All factors, including the age and maturity levels of the Campers involved, will be considered. However, the Camp Director's decision is final.

To register, mail the below portion with a copy of the Camper's Birth Certificate and a check payable to the "Borough of Bay Head" to Bay Head Recreation, 106 Bridge Ave., Bay Head, NJ 08742. You may also register at Camp.

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### BAY HEAD RECREATION CAMP

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Local Address \_\_\_\_\_

In case of emergency contact:

1. Name: \_\_\_\_\_ Rel: \_\_\_\_\_ Tel: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Rel: \_\_\_\_\_ Tel: \_\_\_\_\_

Allergies/Additional Info: \_\_\_\_\_