



## 2024 BULLDOG SUMMER BLAST

### Summer Rec. Program

### Participant Registration Form

Welcome to Northern Lehigh Rec's. **Bulldog Summer Blast Summer Rec. Program!** This program will give your child seven weeks of organized games, sports and arts & crafts. Our trained and enthusiastic staff takes pride in making your children's Bulldog Summer a Blast! The program will be held Monday through Friday from 9:00am to 1:00pm at Northern Lehigh High School with Fun Fridays at Eagles Nest Park, which will include weekly visits to the newly reopened NL Pool. A limited registration Extended Day option until 4:00pm is available. For the Extended Day option, you can sign up for one week or for all seven, but registration is limited to the first 25 children. Camp is rain or shine Mondays – Thursdays, but Field Day Fridays are weather dependent, so children must dress appropriately. Camp is available for children ages 6 to 12. Breakfast and lunch will be provided Mondays – Thursdays by NLSL's Nutrition Services team. Fridays are BYOL!

Our staff will follow all appropriate and current CDC and PA Health Department guidelines concerning COVID. More specific information concerning camper drop-off and pick-up will follow.

**\*\*\* Masks are optional\*\*\***

**PRE-REGISTRATION IS REQUIRED! REGISTER TODAY, SPACE IS LIMITED!**

**Participant and Parent Information:** Fill one out for each child. DO NOT combine.

Participant Name: \_\_\_\_\_ (circle one) male female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Location: NORTHERN LEHIGH HIGH SCHOOL**

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#### Medical Information

Child's Doctor: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Insurance Carrier/ Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list all restrictions your child has from physical activities: \_\_\_\_\_

Please list all dietary restrictions your child may have: \_\_\_\_\_

**PROGRAM REGISTRATION FEES:**

Residents - Must live in Slatington or Washington Twp.

\$200 (for first child)

\$180 (for second child)

\$50 per week for Extended Day

Non-Residents

\$240 (for first child)

\$220 (for second child)

\$60 per week for Extended Day

Checks must be made payable to 'Northern Lehigh Recreation' and dropped off / mailed to the NLRA Office located at 7951 Center St., Slatington, PA, 18080. **SPACE IS LIMITED.** Register online at [www.NorthernLehighRec.org](http://www.NorthernLehighRec.org) to secure your child's spot but you will still need to complete and return this waiver before camp begins. Forms must be completed prior to participating and may be dropped off at the Washington Township Building.

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**Medication Disclaimer**

The NLRA staff will not administer any medications. Your child will be responsible to self-administer medications, such as an inhaler, by him/herself. All medications that are brought to a program must be brought in their original packaging with the prescription intact. IF YOUR CHILD NEEDS REGULAR MEDICATION DURING PROGRAM HOURS, YOU WILL NEED TO CALL THE EXECUTIVE DIRECTOR TO MAKE ARRANGEMENTS BEFORE YOUR CHILD ATTENDS.

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**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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I have read, understand and agree to all sections of this application. I hereby waive for myself and my child, the right to assert any claim arising out of injury to the child due to participation in any travel, recreation program, sport, or activity. I acknowledge that participation in the sport or activity authorized comes with certain risks which are hereby assumed. I relinquish any right which I or the child might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have. I hereby authorize the director, staff and volunteers of the Northern Lehigh Recreation Authority to act for me according to their best judgment in any emergency requiring medical attention. I also give permission and understand that my child may be photographed during activities. The Northern Lehigh Recreation Authority may take photos and/or video of participants enrolled in the Programs, classes and special events. These photos and video clips may be used in commercial or non-commercial publicity. The Northern Lehigh Recreation Authority reserves the right to dismiss any member who does not show respect for the program, including but not limited to: property, equipment, policies, other participants and staff. Members who are dismissed will not be given a refund of their registration fee. THE NORTHERN LEHIGH RECREATION AUTHORITY ASSUMES NO RESPONSIBILITY FOR PERSONAL PROPERTY. By signing this application, I (we) hereby waive any and all claims against Northern Lehigh Recreation Authority. I understand that I am participating in recreation, education and cultural arts activities at my own risk. I hereby agree to reimburse The Northern Lehigh Recreation Authority for any lost or damaged equipment and/or property. Drugs and alcohol are prohibited at Northern Lehigh Recreation Authority programs and public park facilities. I understand that my registration fee is non-transferable and non-refundable.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**\*\*By signing this form I hereby give permission for my son/daughter to participate in all aspects of the Northern Lehigh Bulldog Blast Summer Rec. Program\*\***