



STONE HARBOR VOLUNTEER FIRE COMPANY  
P.O. BOX 539  
STONE HARBOR, NEW JERSEY 08247

Telephone  
(609) 368-4091

**FIRE CAMP REGISTRATION**

**JULY 13 - 14, 2011**

**6:00 P.M. to 8:00 P.M.**

**Camp Is Open to 1<sup>st</sup> through 5<sup>th</sup> 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 \_\_\_\_\_ OTHER \_\_\_\_\_

EMERGENCY CONTACT & PHONE NUMBER \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Age on \_\_\_\_\_, 2010

There is a \$40.00 Registration Fee Fee Enclosed \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO "Stone Harbor Volunteer Fire Company" and mail to P.O. Box 539, Stone Harbor, NJ 08247. For more information, contact [kgiulian@comcast.net](mailto: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 and employees of the Borough 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 \_\_\_\_\_

*"The Seashore at its Best"*



SHOULD YOU REQUIRE A SPECIAL ACCOMMODATION PLEASE CALL (609) 368-5102  
WWW.STONE-HARBOR.NJ.US