



**Stone Harbor Volunteer Fire Company #1**  
**PO Box 539**  
**Stone Harbor, NJ 08247**

**Chief Roger W. Stanford**

**FIRE CAMP REGISTRATION**

**JULY 8-9, 2014**

**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 \_\_\_\_\_

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

**PARTICIPANT INFORMATION**

PARTICIPANT NAME \_\_\_\_\_ M \_\_\_ F \_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE ON \_\_\_\_\_, 2014

\$40.00 REGISTRATION FEE FEE INCLOSED \$ \_\_\_\_\_

Make checks payable to “**Stone Harbor Volunteer Fire Company**” and mail to PO Box 539, Stone Harbor, NJ 08247. For 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, Stone Harbor Volunteer Fire Company #1, and its employees 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 \_\_\_\_\_