

Boonton Township Recreation

where memories are made.....

Summer Recreation Camp 2026

5 Weeks - July 6th - August 7th - \$150 Per Week

**Monday to Friday 9:00am-12:00pm Held at RVS
Fun Fridays at RVA Fields**

Special Weekly Events

**Inflatables, Science Days, Water Slide, Arts and Crafts
Field Trips-Bowling, Fire Truck Wet Downs, Bike Rodeos**

**Spots are limited. Please do not wait to sign up.
Out of town residents may sign up for \$175 per week.**

**Regular Rec Camp -Offered to children entering Kindergarten- 5th
Preschool Camp- Ages 3 and 4 (Must be potty trained)
Sport Camp- Grades 4th and 6th**

**All camps are on one registration.
Please check the camp and weeks you are registering for.**

**Please submit the registration form for each camper and make checks payable to:
Boonton Township Recreation. Forms can be mailed to: Boonton Township
Recreation, 155 Powerville Road, Boonton Township.
You will receive additional information upon receipt of your application.**

**Any questions contact Kristin Groeneveld at:
recdirector@boontontownship.com or 973-946-9914**

Boonton Township Recreation
Summer Camp Registration 2026

Child's Name: _____

Parent's Name: _____

Grade Level (Sept 2026): _____ **Age** _____

Address: _____

Home Phone: _____ **Cell:** _____

Primary Email: _____ (print neatly)

Secondary Email: _____

Please check the weeks of the camp you are registering for:

Regular Recreation Camp

Week 1: July 6th – July 10th _____

Week 2: July 13th– July 17th _____

Week 3: July 20th – July 24th _____

Week 4: July 27th - 30th _____

Week 5: August 3rd- August 7th _____

Sports Camp

Week 1: July 6th – July 10th _____

Week 2: July 13th– July 17th _____

Week 3: July 20th – July 24th _____

Week 4: July 27th - 30th _____

Week 5: August 3rd- August 7th _____

Preschool Camp

Week 1: July 6th – July 10th _____

Week 2: July 13th– July 17th _____

Week 3: July 20th – July 24th _____

Week 4: July 27th - 30th _____

Week 5: August 3rd- August 7th _____

Please submit the Emergency Medical form along with your registration.

Medical Authorization: Boonton Township Summer Recreation Camp

I. Family Information

Child's Name _____ Birthdate _____

Parents' Names _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

II. Additional persons who can be called in an emergency:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

III. Physician to be called in an emergency:

Name _____ Phone _____

Address _____

If physician cannot be reached, what action should be taken?

If an ambulance is called what hospital should it go to?

IV. Medical Insurance Information:

Group Name _____ Plan Number _____

Name and Social Security # of Insured (or person responsible for payment)

V. Allergies or Other Medical Limitations:

VI. Permission for Medical Treatment: Administrative Procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parent Signature _____ Date _____