



*"We have planned a dynamic seasonal program that will keep young children active and captivate their minds during the winter break. At our Environmental Center, the classrooms extend outside of the building, onto our trails, woods and river so we can provide exciting, hands-on activities for children to learn about nature and the environment. I invite families to enroll in our three-day camp for a winter adventure."*

*~Joseph N. DiVincenzo Jr.*

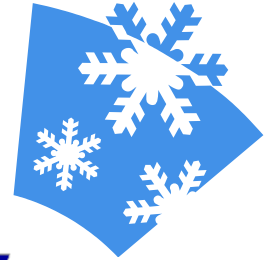


**Joseph N. DiVincenzo Jr., Essex County Executive**

And the Board of Chosen Freeholders

Invite you to participate in:

**ESSEX COUNTY  
ENVIRONMENTAL CENTER  
3-DAY WINTER CAMP 2017**



**WINTER WILDLIFE EXPLORERS:  
Kindergarten—3rd Grade**

**9:30am to 3:30pm**

*Campers enjoy stories, crafts, campfires and forest adventures while exploring our wooded wetland forests in winter time.*



**Dates: Tuesday, December 26 through Thursday, December 28, 2017**

**Location: Essex County Environmental Center  
621-B Eagle Rock Avenue, Roseland**

**Fees: \$170 per child for three days  
OR \$65 per child per day**

*Please bring a bagged lunch & snack; materials are included.  
(Due to allergies, please do not pack any items with nuts.)*

**FOR MORE INFORMATION, PLEASE CONTACT:**

**ESSEX COUNTY ENVIRONMENTAL CENTER**

621 B Eagle Rock Avenue

Roseland, NJ 07068

Phone 973.228.8776 • Fax 973.228.3793

[www.essexcountyparks.org](http://www.essexcountyparks.org)

*~Putting Essex County First~*



## Camp Details

Fees: \$170 per child for 3 days of camp **OR** \$65 per child per day (includes all materials).

*Please bring a bagged lunch & snack; materials are included.*

*(Due to allergies, please do not pack any items with nuts.)*

**Pre-registration and advance payment are required.** Please make checks payable to "Essex County Parks." Cash and money orders are also accepted. Minimum number of participants needed. Maximum 12 children per session.

**Refund Policy:** If you cancel 3 weeks prior to the first day of your child's scheduled week, a full refund will be issued to you. If you cancel less than 3 weeks prior, you will not be eligible for a refund. **All cancellations must be put in writing.** This policy will prevent any chance of an error being made. Cancellation for a family emergency or illness will be handled on a case by case basis.

**Length and Setting:** All camps run December 26, 27, and 28, 2017. Sessions begin promptly at 9:30am and end at 3:30pm.

Campers are required to be signed in and out at the ECEC front desk each camp day by a parent/guardian. If you are unable to pick up your child(ren) at dismissal time, please coordinate with someone and advise the Center of the change. Prior to camp, each child will receive information detailing how to prepare.

The Essex County Environmental Center is a facility of the Essex County Parks System and is located in Essex County West Essex Park. **Weather permitting, all children will be expected to explore the outdoors.**

---

## Registration Application

Amount enclosed: \$ \_\_\_\_\_

Cash  Check  Money Order

I would like to register for the following age-appropriate session:

- Kindergarten through 3rd Grade; \$170 per child for all three days; 9:30am-3:30; Dec 26-28, 2017  
Or \$65 per child per day;  Dec 26  Dec 27  Dec 28

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Information:** Does the participant have any limitations or allergies that would limit participation in any activities at the Essex County Environmental Center? Please note: Essex County Environmental Center staff can not administer medication. If your child can not administer his/her own medication, a parent or guardian must do so. **Please Explain.**

---

**Emergency Contacts:** Please provide a name and phone number for each person we may first contact in case of emergency.

 Contact #1: \_\_\_\_\_

 Contact #2: \_\_\_\_\_

In case of emergency, I allow the Staff of the Essex County Environmental Center to contact the above mentioned people as well as 911 or appropriate authorities (where applicable).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_



**Essex County  
Environmental Center**

621B Eagle Rock Avenue  
Roseland, NJ 07068  
Phone: 973.228.8776  
Fax: 973.228.3793  
www.essexcountynj.org



**Photo Release and Consent Form**

I hereby give my permission to the County of Essex, the Essex County Environmental Center, its agents or employees, and to the photographer, my free and unlimited consent and permission to use photographs of the child named below in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or any other lawful purposes that have been obtained from his/her participation in programs sponsored by the Essex County Environmental Center or the County of Essex.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I understand that the name and contact information of the child will be withheld from public disclosure.

**Name of Child:** \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

I hereby agree to release, defend, and hold harmless the County of Essex, the Essex County Environmental Center, its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs or program participation.

I am signing this Release of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex, or the Essex County Environmental Center:

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** **DATE**

\_\_\_\_\_  
**WITNESS (Essex County Environmental Center Staff)** **DATE**



**County of Essex Environmental Center  
WARNING, WAIVER, AND RELEASE OF LIABILITY**

**DATE:** \_\_\_\_\_

In consideration of being given permission to participate in the:

Nature Camp (the "Event") on (date[s]) \_\_\_\_\_  
supervised by Essex County Environmental Center Staff

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex or the Essex County Environmental Center as a result of my participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Environmental Center:

\_\_\_\_\_  
**CHILD NAME** **DATE**

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** **DATE**

\_\_\_\_\_  
**WITNESS** (Essex County Environmental Center Staff) **DATE**

Please forward signed copies of this waiver form to:

County of Essex  
Essex County Environmental Center  
621-B Eagle Rock Avenue  
Roseland, NJ 07068

*Putting Essex County First*

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER