

MARK YOUR
CALENDAR!



Dover Recreation Department 2021 Summer Program Registration

Due to COVID guidelines and restrictions from the CDC, the Dover Recreation Summer Program will be running on an abbreviated schedule. The summer program will be held on Monday, Wednesday, and Friday for children ages 5 – 12 years old starting on **Monday, June 28, 2021** and ending on **Friday, August 13, 2021** at Water Works Park, 100 Princeton Avenue, Dover from 8:30am to 4:30pm.



Dover/Victory Gardens Residents Only

REGISTRATION -- Paper applications will be available at the following locations: The Dover Recreation Office (located in the lower level of Town Hall, 37 N. Sussex Street), Town Hall Lobby and on-line at www.dover.nj.us under **Form & Applications** starting Wednesday, May 5, 2021.

Applications will only be accepted starting on Monday, May 10, 2021. APPLICATIONS WILL NOT BE ACCEPTED PRIOR TO THIS DATE. Applications are to be submitted to the Dover Recreation Office and **must** contain the following documents:

Proof of residency (cable bill, electric bill, gas bill, tax bill, etc.)

Copy of child's birth certificate

Copy of photo ID of any person picking up your child(ren) from the park

Payment - Cash, Check or Money Order

APPLICATION MUST BE COMPLETE WHEN YOU ARRIVE TO REGISTER!

FEES

Register Early! Save \$25 when you register starting on Monday, May 10th in the Recreation Dept. The fee for the 3-days a week, 7-week program is **\$325.00** per child and **\$300** for each additional child. Starting June 7, 2021 the cost is \$350.00 per child and \$325.00 for each additional child.

We are now offering special pricing for late pick-up only from 4:30 pm to 5:30 pm for **\$65** for the entire 7-week program. A \$25 late fee will incur after 5:30 pm.

Under no circumstances should a child be sent to the program that is exhibiting any symptoms of being ill; headache, stomach ache, nausea or vomiting, fever, chills, sore throat, diarrhea, loss of appetite, lethargic, lightheaded, fatigue, congestion, runny nose, or cough.

Please do not **drop off** your child(ren) at the park **earlier than 8:30am**. Any parent/guardian picking up their child(ren) **later than 4:30pm**, will incur a \$25.00 late fee unless you are registered for the late pick-up!

We ask for your patience at drop-off time, due to CDC guidelines, all children must have their temperatures taken before entering the park. A temperature over 99.4 or higher will not be permitted to attend camp.

The summer program will take place exclusively outdoors, and the children will have various supervised activities throughout the week that they may participate in including games, arts & crafts, sports, and entertainment.

Face masks must be worn by the children and staff, social distancing will be strictly enforced and only non-contact games/activities will be permitted in small consistent groups.

All current CDC guidelines will be followed during the summer program.

All possible measures are being taken to maintain a healthy and safe environment for the children. All staff will be trained and will do the best to their ability. Precautions will be enforced including, but not limited to: face masks to be worn by all children and staff, temperatures taken every day, hand washing station, frequent hand sanitizing, social distancing strictly enforced, only non-contact games and activities. However, due to the uncertainties of the Coronavirus, you enter the program at your own risk.

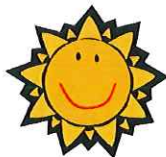
Based on current COVID guidelines, when rain is **forecasted**, the park will be closed. There will be NO REFUNDS for inclement weather. Follow the Town of Dover Recreation Department Facebook page to be informed of what is happening for the program. **Please note:** If it rains during the day while children are at Water Works Park, children can take shelter under the pavilion and if weather conditions worsen, parents/guardians need to make arrangements to have their child(ren) picked up.

If you have traveled out of state, please follow the CDC guidelines for quarantining prior to the program starting.

<https://www.facebook.com/Town-of-Dover-Recreation-Department>

HAVE A SAFE AND HAPPY SUMMER!!

If you have any questions, please contact the Dover Recreation Office at 973-366-2200 x1169.



TOWN OF DOVER

Recreation Department



2021 Summer Program Introduction

Hello and welcome to both new and returning Dover Recreation Summer Program families!

What a crazy year this has been! We hope that you and your families are all doing well and staying healthy.

The Dover Recreation Summer Program is needed more than ever this year, and we have been working to create a fun program in a safe environment that everyone can enjoy. For those who have enjoyed summers with us in the past, things will certainly be different this year.

We have created some guidelines, policies and procedures that relate to COVID-19. Please understand that your children's safety and health is always our number one priority.

Sending our child to the summer program is a personal choice in an uncertain time. By following the recommendations of the New Jersey State Department of Health, the Center for Disease Control (CDC), and the American Camp Association, we are working to keep risk as low as possible.

You can help us also, by talking with your child prior to the summer program starting. Letting them know that the program will be a little different than before, due to the staff having to follow all guidelines and reminding the children to wear their masks, using their hand sanitizer, washing their hands before and after eating lunch, after using the restroom, playing on the playground, after using supplies, and sports equipment. If they are aware of these procedures, it will make the summer program run smoothly.

Although we hope things will change by June and our program can bring back some of our traditions, we will not know until we get closer. We will follow all guidelines put out by the State. Please understand, there is a possibility some information can change, and things can be added. We will keep you posted on any changes at the Town of Dover Facebook page.

We look forward to spending time with your children this year!!

Town of Dover
Department of Recreation
Summer Program Registration Check List



When registering for the Summer Program, please remember to complete the following forms to submit:

- ✓ Summer Program 2021 Registration Form
- ✓ Health History
- ✓ Anti-Bullying Agreement
- ✓ Summer Playground Policy
- ✓ Hold Harmless Agreement
- ✓ COVID-19 Waiver

Have copies of the following paperwork when submitting:

- ✓ Birth Certificate / Passport of child(ren)
- ✓ Proof of Residency (Tax bill, utility bill, bank statement or current lease agreement)
- ✓ Photo ID (NJ Driver's License, Passport etc.) of **parents and/or any relative or** Payment
- ✓ (Cash, Check or Money Order made payable to "**Dover Recreation**")

Lista de Requisitos Para Inscripción al Programa de Verano

Al registrarse para el programa de verano, recuerde completar los siguientes formularios antes de enviar:

- ✓ Formulario de inscripción para programa de verano 2021
- ✓ Historial de salud
- ✓ Convenio Anti-Bullying
- ✓ Póliza de parques infantiles de verano
- ✓ Mantener un acuerdo inofensivo
- ✓ Exención de COVID-19

Tenga copias de la siguiente documentación cuando envíe:

- ✓ Certificado de Nacimiento / Pasaporte del niño(s)
- ✓ Prueba de residir en Dover (Cuenta de Impuestos, un recibo de agua/luz, un estado de cuenta del banco o el contrato de alquiler).
- ✓ Una Identificación con foto (Licencia de conducir, Pasaporte etc.) **de los padres o parientes u amigos** que recogerán a su niño.
- ✓ Pago (Efectivo, Cheque o Giro Postal, pagable a "**Dover Recreation**")

Birth Certificate Y N
Proof of Address Y N
Payment Y N

TOWN OF DOVER
RECREATION DEPARTMENT
SUMMER PROGRAM 2021 REGISTRATION



7-Week Program – Dover/V.G. Residents Only - \$325.00/Child - \$300 each add'l Child
Starting June 7, 2021 - \$350/Child - \$325 each add'l Child

MONDAY – WEDNESDAY – FRIDAY ONLY

**** Register from May 10, 2021 to June 4, 2021 ****

CHILD'S

NAME: _____ **ADDRESS:** _____

PHONE # _____ **DATE OF BIRTH:** _____ **AGE:** _____ **MALE** ☐ **FEMALE** ☐ **GRADE** _____

EMAIL: _____

(Please print clearly)

All ages will be located at Water Works Park Pavilion Area (100 Princeton Ave.) –The Recreation Dept. will notify parents on the Town of Dover Recreation Department Facebook page when inclement weather is forecasted and park is closed. NO REFUNDS!

I/WE, the parents of the above named candidate, hereby give my/our permission to his/her participation in program activities. I/WE assume all risks and hazards incidental to such participation; and I/WE shall defend, indemnify, protect and save harmless the Town of Dover, its Commissions, Boards, agents, officials, employees, servants, volunteers, invitees or guests each and every one of them, against all claims occurring as a result of incidents on the Town of Dover property or through participation in a program organized or sponsored by the Town of Dover or any of its Commissions or Boards, just or unjust, made against the Town of Dover, its Commissions, Boards, agents, officials, employees, servants or volunteers, on account of injuries, deaths, losses of any kind whatsoever, damages, suits, liabilities, judgments, costs and expenses which may in any way accrue against the Town of Dover, its Commissions, Boards servants or volunteers, in consequence of the participation in whatever capacity of the above named candidate whether or not it shall be alleged or determined that the cause thereof was the negligence, acts or omission of the Town of Dover, its Commissions, Boards, agents, officials, employee, servants or volunteers or of other persons, and the undersigned shall at their own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and at their own expense satisfy and discharge any judgments rendered against the Town of Dover. I/WE will furnish a certified birth certificate of the above named candidate to the Recreation Department Officials. I/WE agree to return upon request any equipment issued to our child in as good condition as when received, except for normal wear and tear. I/WE will furnish transportation to and from the summer program for my/our child.

X _____ X _____
(Parent / Guardian Signature) (Date)

EMERGENCY TREATMENT AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and
(Child's Name)

licensed medical doctor in the event of medical emergency, which in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to contact me.

Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone # _____ Evening Phone # _____ Family Physician _____ Phone # _____

Date during which release is granted: FROM 6/28/2021 TO 8/13/2021

Indicate specific medical allergies, chronic illnesses, or other medical conditions on the Health History form.

Emergency Contact #1 _____ Relationship to Child _____

Daytime Phone of Emergency Contact #1 _____ Evening Phone of Contact #1 _____

Emergency Contact #2 _____ Relationship to Child _____

Daytime Phone of Emergency Contact #2 _____ Evening Phone of Contact #2 _____

**THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL FOR THE SOLE PURPOSE OF
AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.**

(Parent/Guardian Signature) Notarized By: _____ Date: _____

TOWN OF DOVER RECREATION DEPARTMENT

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 x1169 Fax: (973) 343-0188



John O. Bennett, Town Administrator

Carolyn Blackman, Mayor

Dover Recreation Department Health History

*****This Form must be returned with parent/guardian signature before participation can be permitted.*****

The Town of Dover Recreation Department values your privacy. Health History information is available only to the Senior Director, Nurse and EMT on-site.

Please indicate areas related to any current or previous health concerns.

<u>Health Conditions</u>		<u>Please check all that apply.</u>	
ADHD, ADD	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
		Autism Spectrum Disorder	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
		Heart Problems	<input type="checkbox"/>
Orthopedic Impairment	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
		Visual Impairment	<input type="checkbox"/>
<u>Specific Learning Disabilities</u>		<u>Allergies</u>	
Auditory Processing Disorder	<input type="checkbox"/>	Peanut/Nut Allergy	<input type="checkbox"/>
		Bee Sting	<input type="checkbox"/>
		Dairy	<input type="checkbox"/>
<u>Emotional Disturbances</u>		Other: _____	
Anxiety	<input type="checkbox"/>		
Depression	<input type="checkbox"/>		
Bipolar	<input type="checkbox"/>		
OCD	<input type="checkbox"/>	None	<input type="checkbox"/>
<small>*Terms used by the Individual with Disabilities Education Act (IDEA)</small>			

Is your child currently under a physician's care for any condition not listed above that we should be aware of? No ☐ Yes ☐

Explain: _____

Any other problems or areas of concern, such as activities to be avoided that staff should be aware of? No ☐ Yes ☐

Explain: _____

AUTHORIZATION

My child has permission to engage in all scheduled activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated special health conditions, including required medication, and I understand that the summer program staff is not allowed to administer such medication. I have indicated activity limitations which should be known to the summer program staff and medical personnel. I am aware of and accept the risk inherent in the program activity. **I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.**

Parent/Guardian Print Name

Parent/Guardian Signature

____/____/____
Date

**TOWN OF DOVER
RECREATION DEPARTMENT**

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 x1169 Fax: (973) 343-0188



John O. Bennett, Town Administrator

Carolyn Blackman, Mayor

Dover Recreation Department Anti-Bullying Policy Acknowledgement and Agreement

*****This Form must be returned with all signatures before participation is permitted.*****

A. Definition:

Bullying is unfair and one-sided. It occurs when someone keeps hurting, frightening or leaving someone out intentionally. Bullying always involves an imbalance of power that is not necessarily based on physical size.

B. Reporting:

All coaches, counselors, employees, parents, volunteers, staff members and program participants associated with the Town of Dover Recreation Department and its programs have an obligation to immediately report all acts of bullying to the person in charge of the event or activity. The report can be an oral report.

C. Investigation:

All reports of bullying will be taken seriously and immediately investigated. Parents will be informed as to the determination.

D. Consequences for Violation of Policy:

The Town of Dover Recreation Department has **no tolerance** for bullying. Program participants violating the Anti-Bullying Policy shall be subject to progressive disciplinary action. Any child removed from an activity/program for disciplinary reasons, forfeits any fees paid to the Recreation Department. Disciplinary action can include:

- Conference with Coach/Activity Leader
- Parental Conference
- Suspension from Activity/Program (ranges from "time out" to 10 days depending on severity of offense)
- Removal from Program in its entirety
- Law Enforcement involvement

******This list is not intended to be all-inclusive***

Participants making false reports shall be disciplined in the same manner as defined in section "D"

Appeals:

Any participant may appeal the decision of the coach/activity leader to the Recreation Department. The appeal must be in writing. Hearings are granted at the discretion of the Recreation Director. All decisions of the Recreation Director are final.

Acknowledgement, Release and Agreement:

By signing this form, parents and participants acknowledge their understanding of this agreement and their willingness to remain compliant with the anti-bullying policy. Signatures further indicate that the parties understand that removal from any Dover Recreation Program for a violation of this policy will result in a forfeiture of all funds paid for participation. Program participants and their parents/guardian agree to hold harmless the Town of Dover Recreation Department, its employees, volunteers, and Town of Dover employees and elected officials from any and all liability arising under this policy.

Program Participant Print Name

Program Participant Signature

____/____/____
Date

Parent/Guardian Print Name

Parent/Guardian Signature

____/____/____
Date

TOWN OF DOVER
RECREATION DEPARTMENT
SUMMER PLAYGROUND POLICY



The following is hereby declared to be the policy of the Town of Dover Recreation Department, hereinafter “Dover,” as to its summer playground program:

1. **Hours of Operation:** The hours of operation of the Dover Recreation Summer Playground Program shall be 8:30 a.m. to 4:30 p.m., Monday, Wednesday, and Friday. There will be no field trips this year. When rain is *forecasted*, parents will be notified of cancellation on the Town of Dover Recreation Facebook page. Please note that if it starts to rain after the children are dropped off at the Water Works Park, parents are to make arrangements to have their child(ren) picked up at the park.

2. **Eligibility:** Children who are residents of the Dover or Victory Gardens are considered residents and pay the established resident fees and may participate in the Dover Summer Playground Program. Children from other towns may apply for entry into the program if there spaces available and pay the out-of-town fee. Children must be not less than 5 years old and no more than 12 years old. Dover reserves the right to request a birth certificate to confirm a child’s age. Dover also reserves the right to request proof of residency.

3. **Attendance:** Attendance is not mandatory, but those children who attend for the day must be dropped off by a parent or guardian and the parent/guardian must sign-in and sign-out their child(ren) with a Director noting the time of arrival and departure. After a child is dropped off, that child may not leave the playground unless picked up by a parent or guardian or designated person. Proper identification may be required to identify the parent, guardian or designated person who is picking the child up during the day. **THE PARK PROGRAM CLOSSES AT 4:30 P.M. SHARP!** Children must be picked up no later than 4:30 p.m. There is zero tolerance for lateness and any parent not picking his or her child up by 4:30 p.m. shall incur a penalty of \$25.00 for each occurrence, unless you have signed-up for late pick-up. A parent or guardian may, alternatively, provide written notification to the Dover Recreation Office that they wish their children to walk to and from the program without being dropped off. In those cases, where there is written instruction to permit walkers, the children will be allowed to

appear at the park without parent or guardian and leave at the end of the day without parent or guardian, but such child must sign in and sign out at the beginning and end of the day on the Parent/Guardian Sign-in Sheet. During the day, those children who walk, will not be allowed to leave the park except with special written permission by their parent or guardian.

4. **Medications:** *Our counselors are not allowed to administer any medications.*

Children requiring medications to be administered during the day shall not be permitted to enter the program, unless a parent or guardian makes alternate arrangements for the administration of medication.

5. **Behavior:** Dover maintains a zero tolerance policy for insubordination or inappropriate behavior in a park. Dover reserves the right to expel any child from the playground program who is insubordinate or who behaves improperly. This shall be in the sole discretion of Dover and no refund will be given to any child who is expelled from the park program. There is no right of appeal or hearing.

6. **Electronic games and cell phones:** Children are not allowed to bring electronic games to the playground program. Children may carry cell phones with the written permission of their parents. ***Dover will not be responsible for any electronic equipment or cell phones brought by children to the playground program that are lost, stolen or damaged.*** Parents who send electronic games or cell phones with their children at their sole risk.

7. **Photographs:** From time to time Dover takes photographs of children at play which they utilize in their brochures or publications. By entering a child in the program, parents grant permission for Dover to utilize a picture containing their child's photograph for publicizing its program. No personal information regarding your child shall be published.

Name of Child _____
(Print Name)

Parent or Guardian _____
(Print Name)

Parent or Guardian _____
(Signature)

Date: ____/____/____

TOWN OF DOVER
RECREATION DEPARTMENT
RELEASE/WAIVER AND
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT



The undersigned hereby agree as follows:

Section 1. Release. I/We and our heirs and assigns in consideration of the participation of our son/daughter in the Dover Recreation Department Summer Playground Program, the “Program,” hereby release the Town of Dover, the Town of Dover Recreation Department, employees, agents and elected officials and any other persons officially connected with the program from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money which might occur while our son/daughter is participating in this program, including but not limited to traveling to or coming from the program or on field trips. I/We are aware of the risks of participation which include, but are not limited to, the possibility of injury from playing various games conducted by the playground program, arts and crafts, interaction with other children, weather-related injuries, injury from outside persons or forces, loss of personal property or theft or personal property. I/We understand that participation in this program is strictly voluntary and I/we freely choose to allow our child, _____, to participate. I/We understand that neither the Town of Dover nor the Dover Recreation Department provides medical coverage for my/our child and I/we hereby verify that I/we will be responsible for any medical costs I/we incur as a result of my/our child’s participation in this program.

Section 2. Indemnification and Hold Harmless. In consideration of my/our child’s participation in the Dover Recreation Department Summer Playground Program, I/we hereby agree that I/we will indemnify and hold harmless the Town of Dover and the Town of Dover Recreation Department, employees, agents, elected officials and any other person officially connected with this program from all costs and expenses and all losses which may be incurred by me son’s/daughter’s participation in this program, including but not being limited to reasonable attorney’s fees.

Child's Age _____

Parent or Guardian 2 _____

Date: / /

TOWN OF DOVER
Recreation Department
Summer Playground Program 2021



COVID-19 Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____,
I hereby give permission for my child to attend the Town of Dover Recreation Summer Playground Program at Water Works Park, 100 Princeton Avenue, Dover, NJ. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending the summer program. I acknowledge that my child's participation in this program is wholly voluntary.

I specifically assume all risks and hazards associated with my child's participation in the summer program including, but not limited to, the risks associated with the COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19 through my child's participation in the summer program. Although the children and staff may have their temperatures taken upon entering the summer program, that precaution doesn't prevent the spread of COVID-19, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health, has no fever, and has no current issues that makes it unsafe for my child to participate in the summer program, which may not have a medical professional on staff. I will notify the Recreation Dept. and not send my child to the summer program if my child develops a fever or illness or tests positive for COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the Town of Dover, Dover Recreation Dept., governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my child's participation in the summer program. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in the summer program.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date ____/____/____

TOWN OF DOVER
RECREATION DEPARTMENT
SUMMER PROGRAM



SUPPLIES FOR THE SUMMER PROGRAM

Please send the following items in your child's back pack each day:

- Water Bottle
- Snack
- Lunch
- Extra Masks
- Sun Lotion
- Small Hand Sanitizer
- Extra Change of Clothes

The Recreation Department is in transition of software programs. Please follow the Town of Dover Recreation Department to receive alerts and information regarding the summer program.

IMPORTANT:

www.facebook.com/Town-Of-Dover-Recreation-Department

SUMINISTROS PARA EL PROGRAMA DE VERANO

Envíe los siguientes artículos en la mochila de su hijo todos los días:

- Botella de agua
- Bocado
- Comida
- Máscaras adicionales
- Protector solar
- Desinfectante de manos pequeño
- Cambio de ropa adicional

El Departamento de Recreación está en transición de programas de software. Siga al Departamento de Recreación de la ciudad de Dover para recibir alertas e información sobre el programa de verano.

IMPORTANTE:

www.facebook.com/Town-Of-Dover-Recreation-Department