

**Tonya Keller Community Center**

Middletown Recreation Department  
50 Bray Avenue, Middletown, NJ 07748

**OPEN RECREATION REGISTRATION – 2023/24**

Please Circle: JUNIOR (Grades 1-5) Teen (Grades 6-12)

*Please fill out one form per child and return to the address listed above. Incomplete forms will be delayed in processing.*

**Child Information**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent/Guardian and Emergency Contact Information**

Primary Parent/Guardian– First and Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address (If different from above) \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

In case of Emergency and neither Parent/Guardian can be reached, please call: (this person MUST be different than the one listed above)

Name of Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

**School Information**

School Name \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Grade \_\_\_\_\_

**Medical History**

Please list below any significant medical conditions, allergies, medications, etc., that are pertinent for our staff to know. On special occasion, we may provide food for the participants of our activities.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Waiver & Photo Release**

I verify that the information written on this form is correct and accurate to the best of my knowledge for the child listed above. I hereby agree to indemnify and save harmless Middletown Township Department of Parks and Recreation, its employees, and its volunteers from any and all liability arising out of accident as a result of participation in the Tonya Keller Community Center's Recreation programs and activities. By signing below, I give my permission for my child/ward to participate in Open Recreation.

**Photo Release:**

\_\_\_\_ I hereby give permission for the Township of Middletown to use, in its future brochures and any other publicity/or broadcasts of any kind, any program pictures, audio or video in which I (or my child/ward) appear.

\_\_\_\_ I DO NOT give permission for the Township of Middletown to use, in its future brochures and any other publicity and/or broadcasts of any kind, any program pictures, audio or video in which I (or my child/ward) appear.

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

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***Accident Insurance Plan***

The Tonya Keller Community Center (TKCC) Accident Insurance Plan is effective for all sponsored and supervised activities. Coverage will be effective during the center hours and on the days when such activities are supervised by an authorized representative in accordance with the activity schedule of the Tonya Keller Community Center. Travel coverage will also be provided when the insured is traveling as a member of a group, under the direct supervision of an adult authorized representative of the TKCC.

Please be advised that this is "full excessive coverage" and liability extends only to that portion of medical expenses not covered under other insurance plans.

- Cost per person: \$6
- Insurance Effective dates: Insurance becomes effective 30 days after payment is received and is valid through December 31st of the year registered.

If you do not want your child/children to participate in this insurance plan, he or she may continue to use the center providing Section I or Section II below is filled out. Section I is for individuals who do not have insurance and do not want to participate. Section II is for individuals with Health Insurance and would like to participate.

**Section I: DO NOT want to participate in TKCC Accident Insurance Plan– MUST PROVIDE COPY OF INSURANCE CARD to choose this option.**

I do not want to have my child (name) \_\_\_\_\_ covered by the Tonya Keller Community Center Accident Insurance Plan, and I assume full responsibility for allowing my child to participate in all programs at the TKCC. I hereby agree to indemnify and save harmless Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of any accidents as a result of said programs.

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Parent/Guardian Name– Print

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Parent/Guardian Signature

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Date**Section II: YES I would like to participate in TKCC Accident Insurance Plan**

Yes, I do want my child (name) \_\_\_\_\_ covered by the Tonya Keller Community Center Accident Insurance Plan. Enclosed is \$6.00. I understand the guidelines for coverage and that the coverage will expire at the end of this calendar year.

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Parent/Guardian Name– Print

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Parent/Guardian Signature

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Date

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***Permission to Walk***

The Tonya Keller Community Center allows for children, with the permission of their parent/guardian, to walk or ride home from the Open Recreation program.

If you do not want your child/children to walk home from the TKCC after the Open Recreation program, please complete Section I.

If you allow your child/children to walk or ride home please complete Section II. Your child will not be released until the completion of the program unless noted below, the Tonya Keller Community Center is contacted via telephone call/email, or a note is provided. If at any time you would like to change the status of your child's ability to walk home from the recreation center, please contact the recreation center.

Thank you!

**Section I: DO NOT want my child to walk home without my daily permission**

I do not want my child (name) \_\_\_\_\_ to have permission to walk home by his/herself upon the completion of the Open Recreation program.

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Parent/Guardian Name— Print

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Parent/Guardian Signature

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Date**Section II: Please allow my child to walk home on a daily basis.**

I authorize and consent for my child to walk from the Tonya Keller Community Center following the close of the Open Recreation program. I understand that he/she will not leave the building's premises until the program's completion for the day or unless the Recreation Staff has been contacted via telephone call, note, or email. My child is aware and understands these procedures. Any further instructions are listed below.

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Parent/Guardian Name— Print

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Parent/Guardian Signature

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Date

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**Agreement**

**It is important that both parents and participants understand and abide by the following agreement:**

- Arrive and remain at the Open Recreation program with a positive attitude, open to meeting new people, and trying new activities.
- Be welcoming to everyone to create a safe environment.
- Pets, other than guide animals, are prohibited in TKCC.
- Understand that doing intentional harm or bullying another participant, either physically or emotionally is grounds for dismissal from the program.
- Understand that doing intentional harm, like vandalism, to the building is grounds for dismissal from the program.
- Understand that although you may be able to solve some conflicts on your own, the staff is always ready to listen and assist if there is a problem. Understand that the staff is there to help, but can only do so if you are willing to share any concerns you have with them.
- Use appropriate language and understand that the use of excessive, deliberate, profane language will **not** be accepted.
- Remain with staff and partake in the activities that are planned.
- The use of electronics is prohibited.
- Be respectful of the property and personal space of other participants.
- Do not possess smoking materials, lighters, matches, illegal drugs, alcohol or weapons of any kind.
- The TKCC is not responsible for any lost or stolen property.

Middletown Recreation will take all reported incidents seriously and apply appropriate consequences. Some may require a stern warning and a call home, but some may require suspension or dismissal from the program.

*\*Depending on the severity of the behavior, dismissal from the Open Recreation program may be the result of the first offense.*

If at any point the staff feels one's behavior does not align with the expectations listed above, they will receive the following consequences:

- The first instance will warrant a verbal warning from the staff.
- The second instance will elicit an email or phone call home to inform your parent/guardian of the difficulties we have been having in the program.
- The third instance will result in an automatic dismissal from the Open Recreation program.

Middletown Recreation has a **zero tolerance policy** that will be enforced in regards to physical aggression. Any participant who commits an act of physical aggression against another participant, staff member, or anyone else will be automatically suspended from the program. As a parent, you will be responsible for picking up your child within one hour of the decision to suspend your child from the program. Depending on the act of aggression, your child may not be able to return to the program in the future.

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Parent/Guardian Signature

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Participant Signature

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Date