
Adaptive Recreation "Shadow" Program



The Adaptive Recreation Program provides trained volunteers to "shadow" individuals during summer camp. The shadow works with the specific needs of the individual to help him or her participate more comfortably within the parameters of the program.

Camp Registration Form-2020

Please fill out form completely and print clearly-*Due June 1st*

Name: _____

Address: _____

Your Cell Phone # _____

E-Mail: _____

Grade in going into the **Fall** (Please circle) 8th 9th 10th 11th 12th college

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Availability: Please Circle Day(s): M T W Th F

Time(s) Available: circle ; Half day AM: 8:00 am-12 noon Half day PM: 12:15- 3 pm

Full day: 8:00 am-3 pm T-Shirt Size: AS AM AL AXL

Weeks Available: circle: **1:** 6/29-7/03, **2:** 7/6-7/10, **3:** 7/13-7/17, **4:** 7/20-7/24,

5: 7/27-7/31, **6:** 8/3-8/07 *must volunteer a minimum of 2 weeks*

Parental Consent: I give my child permission to act as a shadow for Senior, Youth, and Leisure Services.

Parent's Signature

Volunteer's Name

Date

Please return form to: Jennifer Quirk, Adaptive Recreation Coordinator
SYLS Dept, 204 Hillside Ave, Livingston, NJ 07039.

Questions - email jquirk@livingstonnj.org or call: 973-535-7925, ext. 403
