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## Adaptive Recreation "Shadow" Program

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



## STUDENT Shadow Camp Registration Form-2021

Please fill out form completely and print clearly

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: 7:45 am-12 noon, Half day PM: 12:15-3 pm,

Full day: 7:45 am-3 pm .

**Weeks Available:** Circle: Week 1: 06/28, Week 2: 07/05, Week 3: 07/12, Week 4: 07/19,

Week 5: 07/26, Week 6: 08/02 \*must commit to a minimum of 2 weeks\*

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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Please fax, email or return form to: Jennifer Quirk, Adaptive Recreation Coordinator  
SYLS Dept, 204 Hillside Ave, Livingston, NJ 07039. Fax # 973-535-2949  
Questions - Call: 973-535-7925, ext. 403 or email [jquirk@livingstonnj.org](mailto:jquirk@livingstonnj.org)

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