Township of Willingboro

Recreation Department

429 John F. Kennedy Way

Willingboro, NJ 08046

609-871-2200 Fax 609-871-6990

[www.willingboronj.gov](http://www.willingboronj.gov) or [www.willingbororec.com](http://www.willingbororec.com)

SWIM CAMP APPLICATION

\*APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED IN ORDER TO BE ACCEPTED AND PROCESSED

Day Swim Camps are able to be booked at the Country Club or Pennypacker Pools during the regular hours of operation (12 pm to 4 pm) (No Exceptions) Monday – Thursday. Prior to usage, all camps must register with the Recreation Department located at the Kennedy Center. The cost is $400, which includes use of pool for 2 days per week for 2 hours. (Times Slot: 12:15 – 2:15 or 2:15 – 4:15 ONLY). Camps must come on their assigned days and times only. For more information and availability, please contact 609-877-2200 extension 1118.

**Primary Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Details**:

Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Campers: \_\_\_\_\_\_\_\_\_\_\_ Number of Campers: \_\_\_\_\_\_

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

Camp Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pool Requested: Country Club or Pennypacker Days Requested (2 max): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date Requested: \_\_\_\_\_\_ Time Requested: (circle one) 12:15 – 2:15 OR 2:15 – 4:15 Number of Counselors: \_\_\_\_

\*Camp Director must give, each visit, the pool staff a list of staff names and participant’s names attending the pool.

I have read and agree to follow the rules of the pools.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read and sign the back of this form for pool use rules and regulations.

ADMINISTRATIVE USE ONLY:

Total Amount Due: \_\_\_\_\_\_\_\_\_\_\_ Total Amount Paid: \_\_\_\_\_\_\_\_\_\_  Cash Visa/Mastercard  Check # \_\_\_\_

Requested Taken By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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POOL RULES AND REGULATIONS

1. Proper swimming suit attire is required. (No cut off shorts or basketball shorts etc. Male swim shorts must have a liner. Females must wear swim suits. Tee shirts are not allowed.)
2. Staff is to supervise the behavior of campers and ensure that the campers are adhering to the rules and regulations.
3. Children still wearing diapers must wear swim approved diapers and swim wear. Do not wash out soiled diapers in the bathing water.
4. We recommend that everyone shower before entering the water.
5. Children should be encouraged to use the restroom before entering the water. Immediately report any “accidents” you observe in the swimming waters to a lifeguard.
6. Do not enter the water if you are experiencing or recovering from diarrhea or have any signs or symptoms of gastrointestinal (stomach) disease in the past seven days.
7. Any person showing evidence of any communicable skin disease, sore or inflamed eyes, cold, nasal or ear discharges, or any other communicable disease shall be denied admission.
8. Any person with excessive sunburn, open blisters, cuts or bandages shall be denied admission.
9. Alcoholic beverages may not be consumed within the grounds. Any person suspected of being under the influence of drug or alcohol shall be prohibited from entering the water.
10. Vehicles must park in designated areas only.
11. Place all trash in proper trash receptacles.
12. Conduct which endangers the safety and comfort of others shall be prohibited.
13. Applicant is responsible for any damage to people or property caused be applicant and/or guest, including Township personnel and property and shall hold the Township harmless for the same.
14. Outdoor bathing shall be prohibited during an electrical storm.
15. During inclement weather (lightning and thunder) closing of the pool is at the pool captain discretion. No Refunds will be given.
16. Do not damage trees, shrubs, plantings or facilities.
17. No camp fires on pool grounds.
18. Groups may NOT bring grills (No charcoal or gas/propane allowed).
19. Dogs are not permitted on the grounds, with the exception for service dogs. Service dogs shall be allowed in the swimming pool, wading pool, dressing rooms or other parts of the enclosure.
20. No amplification of words or music be electrical means will be permitted.
21. Vending/Fundraising will not be allowed without a Township permit.
22. There is no smoking allowed in any pool area.
23. Glass containers are prohibited in the pool area.
24. Township events take precedence over any other events.

VIOLATORS ARE SUBJECTED TO FINE AND/OR IMPRISONMENT IN CONFORMITY WITH THE PROVISIONS OF 2.14.5 TOWNSHIP’S CODIFIED ORDINANCES.

I have read and agree to follow the above Pool Rules and Regulations.

Application Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_