

**2026 SPRING/SUMMER YOUTH REGISTRATION FORM  
MANCHESTER TOWNSHIP RECREATION DEPARTMENT**

**RESIDENTS ONLY:**

**MAIL IN REGISTRATION ENDS:** Mon., June 15, 2026

Mail check & form to: Manchester Twp.  
Recreation Dept.  
1 Colonial Drive  
Manchester, NJ 08759

**RESIDENTS ONLY:** Mon., May 4~Fri., May 8

**NON-RESIDENTS:** Mon., May 11~Fri., May 15

**DROP OFF REGISTRATION:**  
Recreation Department (Bldg. on Right Corner)  
Manchester Township Municipal Complex  
10:00 a.m. – 3:00 p.m.

**PAYMENT by CHECK or MONEY ORDER payable to: Manchester Township**

**A \$20 fee will be imposed for any returned check.**

**PLEASE NOTE: All fees are to defray administrative costs and are NOT refundable.**

**Late Fees will be assessed after June 12th**

**PLEASE USE BLACK OR BLUE INK ONLY ~ ONE FORM PER PERSON - PHOTO COPIES ARE ACCEPTABLE**

<u>PRINT</u> - Participant's LAST Name	FIRST Name	F or M Circle One	D.O.B.	Age	Grade in SEPT. 2026
Street address		Town	State		Zip
Parent 1/Guardian Full Name	Home Tel. #	Work Phone #	Cell #	D.O.B	
Parent 2/Guardian Full Name	Home Tel. #	Work Phone #	Cell #	D.O.B	
Emergency Contact Name & Phone #:			_____		
List any medical condition			E-Mail Address: _____		

*The Department of Recreation reserves the right to cancel, change or postpone any program, trip or activity.*

T~Shirt Size (check one): YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_

Please ✓ check the camp session(s) that the child will be attending:

*Day Camp  
Shirt Sizes Only:  
YS; YM; YL;  
AS; AM; AL;  
AXL; AXXL*

**HWL Day Camp (pg.10) 5-12**  
**(Must have completed Gr. K)**

\_\_\_ 6/29 - 7/17  
\_\_\_ 7/20 - 8/07

Fees:  
Resident = \$250/Sess.  
Non-Resident = \$325/Sess.

**Camp Adventure (pg.9)**  
**(Must have turned 12 by 6/29/26)**

\_\_\_ 6/30 - 7/16  
\_\_\_ 7/21 - 8/06

Fees:  
Resident = \$325/Sess.  
Non-Resident = \$400/Sess.

*Camp Adv.  
Shirt Sizes Only:  
AS; AM; AL;  
AXL; AXXL*

**NO \_\_\_ YES \_\_\_ BUS TRANSPORTATION for CAMP. (See pages 9 & 10 for bus stops)**  
**IF YES, WRITE IN BUS STOP \_\_\_\_\_**

Please check if your child is NOT permitted to attend HWL Day Camp trips.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the hospital and attending physician selected by Manchester Township to take any necessary action, that is in the best interest of my child.

Due to the strenuous nature of some activities, registrants should consult a physician prior to participation. It is the responsibility of the participant to inform the Recreation Dept. of any disabilities which may limit his/her participation in a program. Please note that participants assume the responsibility of all reasonable risks which may exist due to participation in Manchester Twp. sponsored programs. Accordingly, I waive all claims against Manchester Twp., for reimbursement of medical bills and damages sustained on account of any injury which may occur. Registering gives permission for field trips unless otherwise requested by checking box above. Signing below indicates "I have read this declaration and agree to its contents".

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

~~~~~**DO NOT WRITE BELOW THIS LINE ~ RECREATION DEPARTMENT USE ONLY**~~~~~

Received by: \_\_\_ Entered by: \_\_\_ Check # \_\_\_\_\_ Total Received \$ \_\_\_\_\_ Late fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ (C or T)  
 Received by: \_\_\_ Entered by: \_\_\_ Check # \_\_\_\_\_ Total Received \$ \_\_\_\_\_ Late fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ (C or T)  
 Received by: \_\_\_ Entered by: \_\_\_ Check # \_\_\_\_\_ Total Received \$ \_\_\_\_\_ Late fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ (C or T)