



We have planned an exciting camp that will keep young children active and captivate their minds. At our Environmental Center, the classrooms extend outside of the building—onto our trails, woods, and river—so we can provide exciting, hands-on activities for children to learn about nature and the environment. I invite children to participate in our one-day camp for a winter adventure.

Joseph N. DiVincenzo, Jr.



Joseph N. DiVincenzo Jr., Essex County Executive
And The Board of County Commissioners

Invite you to participate in:

ESSEX COUNTY ENVIRONMENTAL CENTER'S

FOREST ANIMALS WINTER SURVIVAL ONE-DAY CAMP



For ages 6-10 years. Look at winter habitats and how New Jersey's nature survives the cold season! Children will explore the winter wetlands and do indoor activities that are both fun and educational. Provide your child with good footwear and outer gear so we can fully enjoy the seasonal discoveries. **Space is limited; advanced registration is required!**

Date/Time: Monday, January 16, 2023; 9:30am to 3:30pm

Location: Essex County Environmental Center
621-B Eagle Rock Avenue, Roseland

Fees: \$85 per child

*Please bring a bagged lunch & snack; materials are included.
(Due to allergies, please do not pack any items with nuts.)*

*For information, please call 973-228-8776 or register at
www.essexcountyparks.org/calendar*

ESSEX COUNTY ENVIRONMENTAL CENTER

621B Eagle Rock Avenue

Roseland, NJ 07068

Phone 973.228.8776 • Fax 973.228.3793

www.essexcountyparks.org



~Putting Essex County First~

Camp Details

Fees: \$80 per child per day (includes all materials).

Please bring a bagged lunch & snack; materials are included.
(Due to allergies, please do not pack any items with nuts.)

Pre-registration and advance payment are required by Friday, January 13, 2023. Please make checks payable to "Essex County Parks." Cash and money orders are also accepted. Minimum number of participants needed. Maximum 12 children per session. Registration can also be completed online at www.essexcountyparks.org/calendar.

Refund Policy: If you cancel 3 weeks prior to the first day of your child's scheduled camp, a full refund will be issued to you. If you cancel less than 3 weeks prior to the first day of your child's scheduled camp, you will not be eligible for a refund. All cancellations must be put in writing. This policy will prevent any chance of an error being made. Cancellation for a family emergency or illness will be handled on a case-by-case basis.

Length and Setting: Sessions begin promptly at 9:30am and end at 3:30pm. Activities are held inside and outside the Environmental Center. Weather permitting, all children are expected to explore the outdoors, prepare for potential weather conditions. **Please, for children's safety, kids are required to bring and wear a mask while indoors; open-toe shoes and flip-flops are not allowed.**

Campers are required to be checked-in and out at the ECEC front desk each camp day accompanied by a parent/guardian. If you are unable to pick up your child(ren) at dismissal time, please coordinate with someone and advise the Center of the change. **Please note, a late fee of \$10.00 for every 15 minutes after a quarter past camp end time will be due at pick up.** Prior to camp, each child will receive information detailing how to prepare.

The Essex County Environmental Center is a facility of the Essex County Parks System located in Essex County West Essex Park.

Registration Application

Amount enclosed: \$ _____
 Cash Check Money Order

I would like to register for the following session:

January 16, 2023 9:30am to 3:30pm; \$85 per child; Ages 6-10

Participant's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell/Alt. Phone: _____

Address: _____ City, State, Zip: _____

Email: _____

Medical Information: Does the participant have any limitations or allergies that would limit participation in any activities at the Essex County Environmental Center? **Please Explain and list medications (if applicable)**

If your child requires medication and cannot administer it on his/her own, a parent or guardian is required to do so; however, in the case of an Epi-Pen, if absolutely necessary, the Environmental Center lead camp instructor is trained and willing to administer.

Emergency Contacts: Please provide a name and phone number for each person we may first contact in case of emergency.

 Contact #1: _____

 Contact #2: _____

In case of emergency, I allow the Staff of the Essex County Environmental Center to contact the above mentioned people as well as 911 or appropriate authorities (where applicable).

Parent/Guardian Signature: _____ Date: _____

Please Print Parent/Guardian Name: _____



**Essex County
Environmental Center**

621B Eagle Rock Avenue
Roseland, NJ 07068
Phone: 973.228.8776
Fax: 973.228.3793
www.essexcountynj.org



Photo Release and Consent Form

I hereby give my permission to the County of Essex, the Essex County Environmental Center, its agents or employees, and to the photographer, my free and unlimited consent and permission to use photographs of the child named below in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or any other lawful purposes that have been obtained from his/her participation in programs sponsored by the Essex County Environmental Center or the County of Essex.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I understand that the name and contact information of the child will be withheld from public disclosure.

Name of Child: _____

Name of Parent or Guardian: _____

Address: _____

I hereby agree to release, defend, and hold harmless the County of Essex, the Essex County Environmental Center, its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs or program participation.

I am signing this Release of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex, or the Essex County Environmental Center:

PARENT/GUARDIAN SIGNATURE **DATE**

WITNESS (Essex County Environmental Center Staff) **DATE**



**County of Essex Environmental Center
WARNING, WAIVER, AND RELEASE OF LIABILITY**

DATE: _____

In consideration of being given permission to participate in the:

MLK DAY CAMP (the "Event") on (date[s]) January 16, 2023

supervised by Essex County Environmental Center Staff

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex or the Essex County Environmental Center as a result of my participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Environmental Center:

CHILD NAME **DATE**

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

PARENT/GUARDIAN SIGNATURE **DATE**

WITNESS (Essex County Environmental Center Staff) **DATE**

Please forward signed copies of this waiver form to:

County of Essex
Essex County Environmental Center
621-B Eagle Rock Avenue
Roseland, NJ 07068

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

ESSEX COUNTY ENVIRONMENTAL CENTER COVID-19 WAIVER

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation cannot guarantee that I will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including families.

I am voluntarily seeking services provided by the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I acknowledge that I must comply with all set procedures by the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation to reduce the spread while at the Essex County Environmental Center complex.

I attest the following:

- ***I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.***
- ***I have not traveled internationally within the last 14 days.***
- ***I have not traveled to a highly impacted area within the United States in the last 14 days.***
- ***I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.***
- ***I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.***
- ***I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.***

I hereby release and agree to the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the facility, or that may otherwise arise in any way in connection with any services received from the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation. I understand that this release discharges the Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Essex County Environmental Center, its staff and the Essex County Department of Parks and Recreation. This liability waiver and release extends to the Essex County Parks and Recreation Department with all partners and employees.

NAME: _____

DATED: _____

WITNESS: _____