



"We have planned an exciting camp that will keep young children active and captivate their minds during their summer break. 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 enroll in our camp for a summer adventure."

Joseph N. DiVincenzo, Jr.



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

Invite Children Ages Ten to Thirteen to Participate in

WILDERNESS SKILLS SUMMER CAMP 2025

July 7th -11th

1:30pm to 4:30pm; \$340 per child

Join Senior Staff Naturalist David Alexander for some exciting lessons in outdoor skill building. Participants will identify wild plants, learn to track animals, create fires, go canoeing, make natural cordage, build shelters & much more!



For registration information, please contact the Environmental Center at 973-228-8776.



Department of Parks, Recreation and Cultural Affairs
ESSEX COUNTY ENVIRONMENTAL CENTER
621-B EAGLE ROCK AVENUE, ROSELAND, NEW JERSEY 07068
Phone: 973.228.8776 Fax: 973.228.3793
www.essexcountynj.org



~PUTTING ESSEX COUNTY FIRST~

Camp Details

Fee: \$340 per child.

Scholarships are available for families in need through acquired grant funding. For more information, please contact David Alexander, Program Coordinator, at 973.228.8776 or dalexander@parks.essexcountynj.org.

Pre-registration and advance payment are required. Registration is accepted in-person, by mail or can be completed online at www.essexcountyparks.org/calendar. Please make checks payable to "Essex County Parks." Cash and money orders are accepted. Minimum number of participants are needed. Maximum 15 children per session. **All forms including the "immunizations record form" must be submitted for registration and participation by July 2, 2025.** An officially signed immunizations record print-out from the physician's office is also accepted.

Refund Policy: All cancellations include a \$50 non-refundable administrative fee. If you cancel 3 weeks prior to the first day of your child's scheduled week, a refund will be issued to you. If you cancel less than 3 weeks, 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. Cancellations requesting a credit (less than 3 weeks' notice) due to a family emergency or illness, or other extenuating circumstances will be handled on a case-by-case basis and require documentation to substantiate the request.

Length and Setting: Wilderness Skills Camps begin promptly at 1:30pm and ends at 4:30pm. Activities are held inside and outside the Environmental Center. Weather permitting, all children are expected to explore the outdoors; prepare for wet/muddy conditions. **Please, for children's safety, dress for the weather, open-toe shoes and flip-flops are not allowed.**

Due to an increase in allergy concerns, we are kindly asking campers to bring their own nut-free snack from home.

Campers are to be dropped-off at Garibaldi Hall- part of the Essex County Environmental Center Campus and will be checked-in by the lead camp teacher. If someone other than yourself will be dropping off or picking up your child(ren), please let us know in writing prior to the day of drop-off or pick-up. **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

For students ages ten to thirteen. \$340 per child

I would like to register for the **WILDERNESS SKILLS CAMP**

Dates: July 7-11, 2025 1:30pm to 4:30pm

Amount enclosed: \$ _____

Cash Check
 Money Order Scholarship

Participant's Name: _____

Birth Date: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell/Alt. Phone: _____

Email: _____

Address: _____

City, State, Zip: _____

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:

Wilderness Skills Camp 2025 on (date[s]) July 7-11

supervised by Essex County Parks System 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, 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:

**Department of Parks, Recreation & Cultural Affairs
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 HEALTH & SAFETY WAIVER

Camper Illnesses

Essex County Environmental Center reserves the right to refuse entrance to summer camp or to call you for an early pick-up if your child is exhibiting any of the symptoms or illnesses listed below. If a camper becomes ill, camp staff will notify the parent or guardian listed on the Health/Permission form followed by those listed as emergency contacts. You will be asked to pick your child up immediately. If your child is sick, please do not send them to camp until they are feeling well again without the use of fever reducing medications.

Essex County continues to follow updates from the Centers for Disease Control and Prevention and is guided by the Essex County Department of Health in maintaining a healthy and safe environment for all campers.

- Lice (must be treated and free of lice, nits, and eggs for 24 hours before returning to camp, with a doctor's note)
- Fever of 100° F or more
- Vomiting or diarrhea
- Severe or persistent cough
- Sore throat
- Severe headache
- Pink eye
- Ringworm
- Other contagious illness (e.g. COVID-19, Coxsackie, etc.)

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: _____



COUNTY OF ESSEX
 Department of Parks, Recreation and Cultural Affairs
 ESSEX COUNTY ENVIRONMENTAL CENTER
 621 B EAGLE ROCK AVENUE
 ROSELAND, NEW JERSEY 07104
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Joseph N. DiVincenzo, Jr.
 Essex County Executive

Daniel K. Salvante
 Director

Immunization History Form

Required for participation in Essex County Environmental Center Camp

- Copies of immunization forms from health-care providers or state or local government are acceptable: **Please attach to this form**
- Provide the month and year for each immunization. Starred (*) immunizations must be current.

Submit by mail, email or fax to:

Teri Butler, Essex County Environmental Center,
 621-B Eagle Rock Avenue, Roseland, NJ 07068
 P: 973-228-8776 | F: 973-228-3793 tbutler@parks.essexcountynj.org

CAMPER NAME: _____

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTAP) or Tdap)						
Tetanus booster* (dT) or (Tdap)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox) Had chicken Pox? _____ Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative or Positive: _____

Name of camper's primary doctor: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

*If participant has not been fully immunized, please sign the following statement:
 I understand and accept the risks to my child from not being fully immunized.*

Parent/Guardian Signature: _____ Date: _____