



300 Campus Dr Unit H, Morganville, NJ 07751 * 732-991-1993 * info@PlayBigZone.com

2021 Sports and Games Camp Application

Camper Information								
Name _____ DOB _____								
What should be known (allergies, injuries, or special characteristics) _____								
Parent or Guardian information (one required)								
Name _____ Relation _____								
Email _____ Phone Number _____								
Address _____ City _____ State ____ Zip _____								
Name _____ Relation _____								
Email _____ Phone Number _____								
Address _____ City _____ State ____ Zip _____								
Enrollment								
	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks
Full Day	<input type="checkbox"/> \$399	<input type="checkbox"/> \$769	<input type="checkbox"/> \$1,129	<input type="checkbox"/> \$1,479	<input type="checkbox"/> \$1,819	<input type="checkbox"/> \$2,149	<input type="checkbox"/> \$2,469	<input type="checkbox"/> \$2,779
Half Days	<input type="checkbox"/> \$250	<input type="checkbox"/> \$485	<input type="checkbox"/> \$720	<input type="checkbox"/> \$955	<input type="checkbox"/> \$1,190	<input type="checkbox"/> \$1,420	<input type="checkbox"/> \$1,655	<input type="checkbox"/> \$1,885
Week Selection	<input type="checkbox"/> 7/5*	<input type="checkbox"/> 7/12	<input type="checkbox"/> 7/19	<input type="checkbox"/> 7/26	<input type="checkbox"/> 8/2	<input type="checkbox"/> 8/9	<input type="checkbox"/> 8/16	<input type="checkbox"/> 8/23
<input type="checkbox"/> Daily option	I understand that I can enroll the child for a day-to-day option. I understand I must inform that my child is coming to the camp 24 hours prior to the arrival and pay \$85 per day prior to the start of the camp day.							
Registration Fee	I understand that I will be charged a one-time registration fee of \$50							
<input type="checkbox"/> Sibling Discount	I have multiple children who will attend the camp this summer. I understand that 5% discount will be assigned to the sibling(s) total cost.							
Payments								
<input type="checkbox"/> FULL PAYMENT	I would like to pay in full. Please contact me with the amount due							
<input type="checkbox"/> DEPOSIT	I will provide a \$300 per child deposit to hold my slot. I will pay the remaining balance in 2 instalments by April 20th and by June 1st. Reminder text/emails will be sent before each due date. I understand that there is a \$25 per child late fee for any later payments, and that failure to pay an installment within 10 days of the due date will result in cancellation of my enrollment and loss of my deposit. Applications received after due dates will require full amounts that would have been due.							
<i>Payments can be made by either check, cash, or credit card. Credit card payment are subject to a 2% non-refundable fee. *Camp will be closed Monday July 5th. \$80 discount will be applied for those attending that week.</i>								

Terms & Conditions

Enrollment - Enrollment is subject to availability and is on a first-come basis. An opening can only be reserved with required payment, and an enrollment may be cancelled for failure to meet a payment deadline. A cancelled enrollment will be refunded according to the refund policy stated below. I understand that PBZ Camp reserves the right to refuse an application or terminate an enrollment at any time.

Activities - I grant permission for my child to use all the facilities and participate in all activities except as noted on my camper's medical form. I understand that if I enroll for less than 8 weeks and 5 days per week that my child will not participate in all programs and special events offered during the summer. I also understand that part of the camping experience involves activities and group interactions that may be new to my child and that the camp facilities. In addition, there are certain unavoidable risks associated with various game and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and I agree to instruct my child on the importance of abiding by the camp's rules and obeying the camp staff.

Illness/Injury – Health and wellbeing of the campers and staff the highest priority, I understand the PBZ Camp will be taking all possible precaution to ensure safety of each camper and staff. I understand that contagious of viruses including but not limited to COVID-19 may occur during my child's participation at the camp. I understand the child can get exposed at camp or outside the camp hours and I agree to assume all to the foregoing risks and accept sole responsibility in the event of the exposure. I understand that I will be monitoring my child health daily and report any signs of infection to the camp and keep my child home to ensure I don't spread the infection. I understand that there are no refunds for absences due to illness, and I agree to abide by all public health regulations in determining whether my child should attend camp. PBZ Camp permits up to two makeup days for illness only if both the camp and camper's group have available space. Makeup days are not guaranteed and must be scheduled the week prior to the requested date. PBZ Camp will consider, on a case-by-case basis, refund requests due to an extended illness or injury. I understand that such requests must be made in writing and accompanied by a doctor's note and will only be considered from the date the office was first contacted regarding the illness or injury.

Medical - I hereby grant PBZ Camp permission to seek emergency medical treatment for my child and also to perform First Aid as deemed necessary. I agree to provide all medical information required by the state of New Jersey and to alert PBZ Camp in writing of any medical conditions that might affect my child while at camp (PBZ Camp will provide medical forms).

Reasonable Accommodation - I understand that PBZ Camp strives to be an inclusive environment and provide reasonable accommodation for all camp-age children. If my child has a physical, mental, or emotional disability, has been previously identified as having a behavioral condition, or is currently being evaluated for such a concern, I agree to inform PBZ Camp at time of application. I further understand that PBZ Camp may require additional information, meetings, and/or an evaluation to understand what accommodation, if any, is required. I recognize that being forthright about any issues is crucial for PBZ Camp to provide a safe, positive experience for all campers.

Personal Belongings - I understand that PBZ Camp is not responsible for any personal items brought to camp and that bringing electronic devices and high value items to camp is particularly discouraged.

Potty Training - All campers must be fully potty-trained.

Arrival/Dismissal - I agree to provide a list of people that are authorized to pickup my child and to follow the PBZ Camp arrival and dismissal procedures. I understand that if I am late for dismissal, my child will be placed in After Care, and I will be charged the daily rate for using this service. After Care service ends at 6:00pm, and I understand that an additional late charge of \$25 per half hour applies for picking up my child after 6:00pm (or after 1:30pm for half-day campers).

Dismissal from Camp - I understand that my child may be dismissed from camp if his or her condition or conduct is a safety concern, is detrimental to the experience of other campers, or places excessive or unusual demands on staff. I understand that refunds for camp dismissal are computed as described below and include damages.

Camp Closings - I understand that there are no refunds for camp closings that are beyond the control of PBZ Camp. This may include, but is not limited to, closings as a result of "Acts of God", power outages, communicable diseases, weather or public emergencies. However, if camp is unable to open for one or more weeks, a refund will be provided as described below with all damages waived. If camp is unable to open for the season, a full tuition refund will be provided.

Refunds - I have considered enrollment carefully and understand that I am making a commitment to PBZ Camp. Based on my enrollment commitment, PBZ Camp makes purchasing, scheduling, and hiring decisions. I understand that there are damages associated with enrollment cutbacks or terminations and that these damages increase as camp approaches. Therefore, I agree to the following damages on any reduction in camp cost due to an enrollment cutback or termination:

- Before April 20th, 2021 0% (Full refund)
- April 20th - May 31st 25%
- June 1st and later 50%

I understand that if I am eligible for a refund, it will be computed by first subtracting the advertised camp cost (tuition plus options) for the portion of summer camp enrolled and then subtracting any damages from the remaining amount. All refunds are computed on a per week basis. Enrollment for any portion of a week counts as the entire week. If enrollment is less than 4 weeks, the camp cost is computed as a fraction of the "Any 4 Weeks" rate. Cutback or termination requests must be received in advance of any change, and lack of attendance is not considered a request to cutback or terminate enrollment. PBZ Camp reserves the right to process all refunds after the summer season.

Images - I grant permission to use photographs, videos, and audio images and likenesses of my child taken at PBZ Camp for the purpose of promoting PBZ Camp and for the shared enjoyment of PBZ Camp families who may view and download images online.

Disputes - I agree that any dispute concerning, relating, arising out of or referring to this agreement shall be resolved exclusively by binding arbitration in Monmouth County, New Jersey according to the then existing commercial rules of the American Arbitration Association and the substantive laws of New Jersey.

Final Confirmation

I agree to the camp payment and refund policies. I have read and accept all the terms and conditions set forth above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____