



ULTIMATE CAMP EXPERIENCE



The Ultimate Camp Experience (UCE) combines Park Commission recreational opportunities with awesome outdoor adventures! UCE campers will try out geo-caching and golf, take a trail ride, paddle a kayak, play tennis and much more! Treat your child to a Park Commission buffet!

Campers will spend a half day at each facility /park:

- Baldpate Mountain
- Equestrian Center
- Golf Academy
- Howell Farm
- Lake Mercer
- Mercer County Park
- Roebling Park
- Tennis Center
- Waterfront Park
- Wildlife Center

REGISTRATION INFORMATION

This camp is open to Mercer County residents only.
Ages: children entering grades 5-7
Meeting Location: Mercer County Tennis Center
Dates: August 15—19
Time: 8:30a.m. to 3:30p.m.
Fee: \$450.00

UCE registration forms can be found on the Mercer County Park Commission website:

<http://nj.gov/counties/mercer/commissions/park/>

Camps will be filled as registration forms are received.

Questions or concerns?

Email jrogers@mercercounty.org or call 883-6606 x 112

ULTIMATE CAMP EXPERIENCE REGISTRATION FORM

MERCER COUNTY PARK COMMISSION

Return completed registration and health forms with full payment to:
 County Naturalist
 Mercer County Wildlife Center
 PO Box 161
 Titusville, NJ 08560
 jrogers@mercercounty.org ~ fax (609) 397-7928

*Please note: One form per camper.
 Campers must be a Mercer County resident.*

Camper Name: _____
Last First Middle Initial

Date of Birth: ____ / ____ / ____ Grade entering in fall: _____ Male ____ Female ____

Parent/ Guardian Name: _____
Last First Middle Initial

Home Phone #: _____ - _____ - _____ Parent/Guardian Cell Phone #: _____ - _____ - _____

Work Phone #: _____ - _____ - _____

Address: _____
Street City State Zip Code

Email address: _____

Dates	Camp Program	For children entering grades:	Drop Off/ Pick Up Location	Fee
August 15—19	Ultimate Camp Experience	5-7	Tennis Center, Mercer County Park	\$450.00

Choose one payment method. Full payment must accompany the registration form.

To pay via credit card:
 Name (as it appears on your credit card): _____
 Card Type (please circle): Visa MasterCard Card Number: _____
 Expiration Date: ____ / ____ Amount: \$____.____

To pay via check:
 Name on check: _____ Check number: _____ Amount: \$____.____
 Please make checks payable to: Mercer County Park Commission

Important Policies:

Fee & Cancellation Policy: Payment can be made with a credit card or check. Cancellation requests must be in writing. In the event of cancellation, refunds will be subject to a \$40.00 service charge. No refunds will be issued for cancellations made less than three weeks prior to the start of camp sessions. Fees are not refunded for a missed program.

Camp Registration Policy: A camper will be registered ONLY when a completed Registration Form, completed Medical Form and full payment are returned and in the same envelope. *An email confirmation will be sent upon receipt of registration.*

Food Allergy Policy: For the safety of all campers, the Park Commission may restrict certain food items at camp when individuals with severe allergies or medical issues are present. Failure to comply with this policy may result in removal from camp, without refund.

I, the undersigned, have read and understand these policies.

Parent/Guardian Signature: _____ Date: _____

For office use only:
 Date Rec'd: _____ Session: _____ CC/Ck#: _____ Amt: \$ _____ Date Comp: _____ CL: _____

ULTIMATE CAMP EXPERIENCE RELEASE AND HOLD HARMLESS AGREEMENT
For Mercer County Equestrian Center

The Undersigned assumes the risks inherent in all horse-related activities (N.J.S.A. 5:15-1 et seq.), including but not limited to bodily injury, physical harm and death to horse, rider and spectator. In consideration, therefore, for the privilege of riding and/or working around horses at Mercer County Equestrian Center, located at 431 Federal City Road, Pennington, NJ, the Undersigned does hereby agree to assume the inherent risks of equine animal activities and hold harmless and indemnify and defend Mercer County, Mercer County Park Commission, Mercer County Equestrian Center and its employees, and further release them from any liability or responsibility for accident, damage, injury, death or illness to the Undersigned or to any family member or spectator accompanying the Undersigned on the premises. Further, the Undersigned agrees to hold harmless and indemnify Mercer County, Mercer County Park Commission, Mercer County Equestrian Center, and its employees from theft, loss, or damage of the Undersigned's personal property.

I, _____, assume responsibility for **myself/child**, if child name here: _____ to ride horseback at Mercer County Equestrian Center. I understand that Mercer County, Mercer County Park Commission, Mercer County Equestrian Center, nor its employees will be held responsible for accidents to persons, property, or animals, illnesses, injuries, or death connected with **my/my child's** horseback riding and working around horses. Further, I will not hold Mercer County, Mercer County Park Commission, Mercer County Equestrian Center, or its employees responsible for any theft, loss, or damage to personal property owned by the Undersigned.

I have read and understand this agreement.

Date _____

Signature: _____

Name (print clearly): _____

Address: _____

Zip: _____ Phone: _____

