

CITY OF **NEWARK**
Mayor Ras J. Baraka

Division of Recreation

2021

SUMMER

ENRICHMENT PROGRAMS



July 5th – August 27th

Monday – Friday 8:30am – 4:30pm

A series of Day Enrichment Programs in the City of Newark designed to keep the youth active and learning throughout the summer months.

Free 8-week programs for boys and girls ages 7-13 that live in Newark.

Program Includes:

Breakfast & Lunch
Arts & Crafts
Modern Dance
Sports/Games
Academics
Reading
Field Games
Daily Exercise/Walks
Team Building
Guest Speakers
& So Much!!!



Summer Program Locations:

☀️ **Marquis Bo Porter Sports Complex**
378 Lyons Avenue (973) 733-8006

☀️ **Rotunda Recreation Center**
75 Clifton Avenue (973) 733-3677

☀️ **Sharpe James/Kenneth A Gibson Center**
226 Rome Street (973) 733-3707

☀️ **Boylan Street Recreation Center**
916 South Orange Avenue (973) 733-8947



City of Newark
Ras J. Baraka, Mayor

Municipal Council

Mildred C. Crump, Council President
Council Member-at-Large

Luis A. Quintana, Vice President
Council Member-at-Large

Augusto Amador
Council Member, East Ward

Carlos M. Gonzalez
Council Member-at-Large

John Sharpe James
Council Member, South Ward

Joseph A. McCallum, Jr.
Council Member, West Ward

LaMonica McIver
Council Member, Central Ward

Eddie Osborne
Council Member-at-Large

Anibal Ramos Jr.
Council Member, North Ward

Newark City Hall
920 Broad Street
Newark, New Jersey 07102



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Nextdoor.com/Newark



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Participant Information:

First Name: _____ Last Name: _____ Age: _____
Nickname: _____ D.O.B.: ___/___/___ Gender: _____
School: _____ Grade: _____
Address: _____ Apt.#: _____
City: _____ State: _____ Zip Code: _____

Participant Fun Facts:

Interests: _____ Hobbies: _____ Special Talents: _____
T-Shirt Size: _____ Previous Athletic Experience: _____

Parent Information:

First & Last Name: _____ Cell Phone#: _____
Work Phone#: _____ Email: _____

Additional Contact:

First & Last Name: _____ Cell Phone#: _____
Work Phone#: _____ Email: _____

Emergency Contact Information:

Name: _____ Name: _____
Address: _____ Address: _____
Telephone #: _____ Telephone #: _____
Relationship: _____ Relationship: _____

Indicate the Recreation Center by checking below:

- _____ - Boylan St. Recreation (*West Ward*)
- _____ - John F. Kennedy Recreation (*Central Ward*)
- _____ - Rotunda Recreation (*Upper Central Ward*)
- _____ - Marquis Bo Porter Sports Complex (*South Ward*)
- _____ - Sharpe James/ Kenneth A. Gibson Recreation (*East Ward*)

Office Use Only

Community Pass
Registration Status:
__ Complete __ Not Complete
Program Registration: _____
__ Approved __ Not Approved
Date: _____



Last: _____ First: _____ Middle: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone#: _____ Date of Birth: _____ Male: _____ Female: _____
Height: _____ Weight: _____
Primary Insurance: _____ Policy #: _____
Name of Primary Insured Parent/Guardian: _____

Participant Medical History

Does the child have history of or prone to seizures?	YES	NO
Does the child take medication daily?	YES	NO
Does the child have any allergies (bee stings, pollen, etc.)?	YES	NO
Does the child require the use of an inhaler for asthma?	YES	NO
Does the child suffer from diabetes or sickle cell anemia?	YES	NO
Does the child wear glasses or a hearing aid?	YES	NO
Is the child classified as having ADHD or a mental disorder?	YES	NO
Does the child have any form of autism?	YES	NO

If you answered "YES" to any of the questions above please explain:

I, _____, do hereby certify that this information is accurate to the best of my knowledge. I hereby acknowledge that it is my responsibility to inform my child's Program Director or Organization's Administrator in writing if there is any change in the medical condition of my child.

Print Name: _____

Signature of Parent/Guardian: _____

Date: _____



REGISTRATION CONSENT FORM and HOLD HARMLESS AGREEMENT

This Form is good for the entire 2021 Spring/Summer and must be filled out entirely, any changes of address and phone numbers must be reported to the Program Manager/Supervisor.

I agree (or give permission for: **if minor**) , (Name of participant) _____, to participate in _____, which includes, but is not limited to, field trips involving transportation on City of Newark vehicles commencing on: _____.

During the time of my participation (or that of the named minor) with the **Division of Recreation**, I hereby grant the City of Newark, Department of Neighborhood & Recreational Services, Division of Recreation/ Cultural Affairs, its employees, and its agents full authority to take whatever actions they consider to be warranted for the protection of my or MINOR child’s health and safety. In addition, I also hereby release each of them from any liability for any such decision and actions taken by them in connection therewith. The authority shall include the right to obtain for me or Minor Child named and without further consent, appropriate medical services and treatment. If medical treatment is required, the City of Newark will make its best efforts if injury involves Minor Child to reach the parent or guardian before authorizing medical treatment. The signature of the above named (or Minor Child’s Parent/Guardian) desires [without coercion, promises of payment, threat, and of free will] to participate in the Division’s [Recreation and Cultural Affairs] events and activities. I do hereby release and agree to indemnify and save harmless the City of Newark and its departments from any and all claims of any nature that may result from such participation.

I consent and agree that all photographic images deemed appropriate by the division can be used by the Mayor’s Office of Communication and the City of Newark, New Jersey for promotional purposes in broadcast, print and/ or any other form of media.

Parent or Guardian of Minor Listed above: (Please print): _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Participant: _____

Home Address: _____ Zip Code: _____

Parent/Guardian Cell #: _____ Work#: _____

Participant Cell #: _____ Email address: _____

Participant’s Age: _____ Participant’s DOB: _____

Participant’s T-shirt Size: (please circle) Youth S M L XL or Adult S M L XL 2X 3X

Recreation Center: _____ **Registered by:** _____