

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ GRADE (SEPT 2020) \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT CELL IN CASE OF EMERGENCY \_\_\_\_\_



Please circle the week or weeks you will be attending      \$250 per week- \$475 for both weeks  
Week 1    July 6-9      (Mon-Thurs) Rain date Friday      9AM-2:00pm  
Week 2    July 13- 16      (Mon-Thurs) Rain date Friday

Print and mail application accompanied with the check to:  
**Diamonds in the Rough**  
**323 Pershing Avenue**  
**Ridgewood, NJ 07450**

**We will follow the NJ Guidelines and rules governing camp operations to insure a safe and enjoyable camp experience.**

Persons that have a fever of 100.4 degrees or above or other signs of COVID-19 illness will not be admitted to the camp. Parents please be on the alert for signs of illness in your children and keep them home when they are sick.  
**At designated entry points, campers and staff will be screened for fever .**

Staff and campers shall, at minimum, wear cloth face coverings when social distancing of 6 feet between individuals and/or assigned groups cannot be maintained. **We plan on staying 6 ft apart.**

Hand sanitizers stations will be provided in numerous areas around the camp, and provided to staff. **We will encourage proper hand washing before and after meals.**

Groups will include the same group of children each day and the same staff member will remain with the same group of children each day. Groups shall stay together and if interactions with other groups occur, social distancing will be maintained between groups.

**There will be no sharing of equipment.** Campers must come with their own: bat, glove ,helmet, batting glove, lunch and water.

**We will educate campers and staff on sports etiquette regarding social distancing and hygiene (i.e., no spitting, high-fives, handshakes, etc.)**

I certify that my child is in good physical condition and can participate in all activities. In case of emergency I grant permission for my child to be given treatment at a local hospital.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_