

TEEN Travel CAMP

Grades 7-11
9:00 am - 4:00 pm

Session 1
7/6 - 7/10

Session 2
7/13 - 7/17

Session 3
7/20 - 7/24

Session 4
7/27 - 7/31



Teens will travel to various destinations including beaches, water parks, amusement parks, themed restaurants and arcades, outdoor adventure, and more! Sign up with friends or meet new friends at camp! Sign up for one or more weeks. Drop-off and pick-up will be at Timberlane Middle School. Itinerary is subject to change due to weather or other circumstances. Certain days will have an early arrival or late pick-up time.



Program Fee: \$440
\$405 (HT Residents)



Teen Travel Camp

	Mon	Tue	Wed	Thu	Fri
Session 1	7/6 Belmar 9am-4pm	7/7 Dorney Park 9am-5pm	7/8 Fireball Mtn. & Bowling 9am-4pm	7/9 Pt. Pleasant 9am-4pm	7/10 Six Flags 9am-4pm
Session 2	7/13 Belmar 9am-4pm	7/14 Fireball Mountain & Bowling 9am-4pm	7/15 Seaside 9am-4pm	7/16 Trees cape 9am-5pm	7/17 Six Flags 9am-4pm
Session 3	7/20 Belmar 9am-4pm	7/21 Dorney Park 9am-5pm	7/22 Pt. Pleasant 9am-4pm	7/23 White Water Rafting 8am-5pm	7/24 Six Flags 9am-4pm
Session 4	7/27 Belmar 9am-4pm	7/28 Hurricane Harbor 9am-4pm	7/29 Dave & Busters & Bowling 9am-4pm	7/30 Hershey Park 8am-7pm	7/31 Six Flags 9am-4pm

*Itinerary is subject to change if needed.



**Teen Travel Camp
Various Locations
4 Sessions Available
9am-4pm
For children in Grades 7-11**

Destinations may include beaches, water parks, amusement parks, themed restaurants and arcades, outdoor adventure, and more! Drop off and pick up will be at Timberlane Middle School. Certain days have an earlier drop off time or a later pick up time.

**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPT.
SUMMER CAMP REGISTRATION FORM - 2026**

Participant Information:

Name: _____ DOB: _____ Age: _____ FALL 2026 Grade: _____ Gender: _____

Address: _____

Street

City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

_____ **Session 1 (July 6-10)**

_____ **Session 2 (July 13-17)**

_____ **Session 3 (July 20-24)**

_____ **Session 4 (July 27-31)**

**Program Fee: \$440
HT RES Fee: \$405**

Refund Policy:

Refund requests **MUST** be made in writing or through email - refund amount will be determined by the number of days prior to the start of the program that notification is received.

45+ days = Full Refund - \$35 admin. fee

If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive full refund - \$35 admin. fee (whichever is less). Percentage fees will be calculated by the price of the camp and will be as follows:

15-44 days = 75% refund; 6-14 days = 50% refund; 1-5 days = 25% refund; No refund once camp begins

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Soccer program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:

Amt. Remitted: _____

Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.

201 Washington Crossing-Pennington Road

Titusville, NJ 08560