



Adaptive Recreation “Shadow” Program

The Adaptive Recreation Program provides trained volunteers to “shadow” individuals during summer camp. The shadow works with the specific needs of the individual to help him or her participate more comfortably within the parameters of the program.



Shadow Registration Form 2023

Please fill out form completely and print clearly

Name: _____

Address: _____

Cell Phone: _____

E-Mail: _____

Grade in going into the **Fall** (Please circle) 8th 9th 10th 11th 12th College other

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Availability: circle all that apply:

MCCC-(Sports) Saturdays 9:15-10:15 am Saturdays 10:15-11:15 am

SCC- (Activities) Mondays 4:30 –5:15 pm, Wednesdays 4:45-5:30 pm, Thursdays 4:00-4:45 pm,

Thursdays 5:00-5:45 pm, Thursdays 6:00-6:45 pm

Parental Consent: I give my child permission to act as a shadow for SYLS.

Parent’s Signature

Print Parents Name

Date

Please email or return form to: Jennifer Quirk, Adaptive Recreation Coordinator, SYLS Dept, 204 Hillside Ave, Livingston, NJ 07039. Fax # 973-535-2949

Questions - Call: 973-535-7925, ext. 403 or email jquirk@livingstonnj.org

