

2012 Summer Camp Registration Form One form for each child - Please PRINT

Camper's Name **First** _____ **Last** _____

Address _____ City _____ Home Phone _____

Birth date _____ Age (As of 7/1/12) _____ Grade (As of 9/1/12) _____ Gender: **M / F**

Parent/Guardian Name _____ Cell # _____

Employer/Business Name _____ City _____ Work # _____

Parent/Guardian Name _____ Cell # _____

Address (if different than above) _____

Employer/Business Name _____ City _____ Work # _____

E-Mail _____

E-mail is our primary method of communicating camp information, schedules and any possible last minute changes throughout the summer. Contact our office immediately if you do not receive our weekly newsletters! Please refer to our website for the overall Camp Information & Parent Handbook.

Emergency Notification and Alternative Pick up Information: In cases of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your camper. Photo ID will be required.

1) Name _____ Phone # _____ Relation _____

2) Name _____ Phone # _____ Relation _____

For Pioneer Trails Day Camp ONLY:

Camp Arrival/Departure Information: Please check one AM and one PM option

AM Bus (School _____) Before Care Drop off at camp at 9:00am

PM Bus (School _____) After Care Pick up at camp at 4:00pm

Financial Assistance is available because of our Strong Kids Campaign! Help send a child to camp. Donate today to our Strong Kids Campaign where every dollar makes a difference in a child's life.
\$ _____

Please check the box for the Camp & Session your child would like to attend

TOTAL

Camp Peanut Shell (3 - 5 years)	<input type="checkbox"/> Session 1: \$787 June 25 - July 13 Wk 1 Wk 2 Wk 3	<input type="checkbox"/> Session 2: \$787 July 16 - August 3 Wk 4 Wk 5 Wk 6	<input type="checkbox"/> Session 3: \$787 August 6 - August 24 Wk 7 Wk 8 Wk 9			
Super Summer Day Camp (Entering Grades K - 6)	<input type="checkbox"/> Session 1: \$720 June 25 - July 6 Wk 1 Wk 2	<input type="checkbox"/> Session 2: \$720 July 9 - July 20 Wk 3 Wk 4	<input type="checkbox"/> Session 3: \$720 July 23 - August 3 Wk 5 Wk 6	<input type="checkbox"/> Session 4: \$720 August 6 - 17 Wk 7 Wk 8	<input type="checkbox"/> *Vacation Camp: \$395 August 20 - 24 Wk 9	
Teen Adventure Camp (Entering Grades 7 - 9)	<input type="checkbox"/> Session 1: \$990 June 25 - July 13 Wk 1 Wk 2 Wk 3	<input type="checkbox"/> Session 2: \$990 July 16 - August 3 Wk 4 Wk 5 Wk 6	<input type="checkbox"/> Session 3: \$990 August 6 - August 24 Wk 7 Wk 8 Wk 9			
Pioneer Trails Day Camp (Pre-K - 8th Grade)	<input type="checkbox"/> Session 1: \$1,281 June 25 - July 13 Wk 1 Wk 2 Wk 3	<input type="checkbox"/> Session 2: \$854 July 16 - July 27 Wk 4 Wk 5	<input type="checkbox"/> Session 3: \$854 July 30 - August 10 Wk 6 Wk 7			
				TOTAL		

* Spaces limited. To enroll in Vacation Camp, campers must have attended a minimum of two weeks in Super Summer or Pioneer Trails

*Membership Fee _____ Total Camp Bill _____ Total Deposit @ Registration _____ Authorization to Charge Balance on 5/12/12 _____
(\$100 deposit per session)

Check or Credit Card # _____ Exp Date _____

Name & Signature of Cardholder _____

*Required of all campers unless Membership is current through 9/1/12

EASY PAYMENT PLAN - I hereby give authorization to the Metro YMCA of the Oranges to charge my credit card on file for monthly camp payments in the amount of \$_____ within the first 5 days of the month from _____ to _____. I understand any additional fees incurred during the month will also be charged to my account in the subsequent month.

Parent Signature _____ Date ____/____/____

2012 Summer Camp Registration Form

Camper's Name First _____ Last _____

Health History

List any **current allergies or dietary restrictions** _____

List any current or past medical treatment that would affect your child's day at camp _____

Are there any activities your child should be restricted from? _____

Has the child received any psychiatric or counseling therapies - Yes? No?

If Yes, attach a release from the doctor attesting to the child's emotional fitness to attend camp.

List any **current medications** (prescription and over the counter) _____

Reasons for the above medications _____

Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a Permission to Medicate Form. Campers may not carry medication at any time.

Current Immunization: Vaccinations are required by the NJ Department of Health prior to camp attendance. Leave no blanks. Sorry we can not use records already on file with the West Essex YMCA, and the information must be updated each year for licensing purposes. Please list only the most recent dates below:

Diphtheria, Tetanus, Pertussis (DPT): ___/___/___ Measles, Mumps, Rubella (MMR): ___/___/___ Oral Polio Vaccine (TOPV): ___/___/___

Tuberculin test given: ___/___/___ Results: _____

Your child's medical insurance carrier _____ Group Policy # _____

Name of Physician _____ Phone # _____

Name of Dentist _____ Phone # _____

Strong Kids Campaign Thanks to the generosity of donors to our Strong Kids Campaign, our Y was able to provide over \$175,000 in financial assistance to local children and families. By contributing to our Strong Kids Campaign you can rest assured that you will be making a big difference! Please let us know if you would like further information concerning donating to our Strong Kids Campaign or receiving financial assistance.

PARENT/GUARDIAN AND Y AGREEMENT

RULES FOR ACCEPTANCE AND PARTICIPATION IN CAMP - are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp — **without refund.**

Initials _____

CURRENT MEMBERSHIP AND A \$100 DEPOSIT PER SESSION ARE REQUIRED UPON REGISTRATION - The registration deposit fee is applied to the total camp bill. **REFUND POLICY:** deposit fees are non-refundable and non-transferable. It is understood that in the case of dismissal or voluntary withdrawal, **THERE ARE NO REFUNDS OF CAMP FEES AFTER MAY 15, 2012.** If it is deemed advisable to dismiss a camper for medical reason, one-half of the unused portions of the session will be refunded.

Initials _____

DISCIPLINE POLICY - I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp with no refund.

Initials _____

OTHER FEES - should they occur, include: \$35 for changes in registration after December 31st; a late pick-up fee of \$15 per 15 minute interval starting from your child's scheduled pick up time; \$35 for returned checks; and \$50 surcharge for late payments after May 15th -(if your child's spot is not opened up to the wait list). **All requested changes, transfers, and/or credits must be submitted in writing.**

Initials _____

PERMISSION TO TREAT - INFORMED CONSENT - By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

Initials _____

PHOTOGRAPHY POLICY - I give the Y permission to use any and all photographs taken of my child in camp activities in Y publicity. The West Essex YMCA values the privacy of its members. No photos or video of any type are to be made of any camper or staff person without the consent of the Y Staff. This includes the use of cell phone cameras. As a result, West Essex YMCA Day Camps expressly prohibit cell phone use of non-Y phones.

Initials _____

I have read all of the above information and I am fully aware of all of the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries and losses.

Parent Signature _____ Date ___/___/___