

2010 Summer Camp Registration Form One form for each child - Please PRINT

Camper Name First _____ Last _____
Address _____ **City** _____ **Home Phone** _____
Birth date _____ **Age (As of 7/1/10)** _____ **Grade (As of 9/1/10)** _____ **Gender: M / F**

Parent/Guardian Name _____ **Cell Phone #** _____
Employer/Business Name _____ **City** _____ **Work Phone #** _____
Parent/Guardian Name _____ **Cell Phone #** _____
Address (if different than above) _____
Employer/Business Name _____ **City** _____ **Work Phone #** _____
Primary E-Mail _____ **Secondary E-Mail** _____
 E-mail is our primary method of communicating detailed Camp information, Schedules and updates throughout the summer.

3 Weeks per Session	Session 1 June 28 - July 16			Session 2 July 19 - Aug 6			Session 3 Aug 9 - Aug 27		
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Mini Y-Knots		\$375		\$375					
Y-Knots 1		\$750		\$750			\$750		
Y-Knots 2		\$750		\$750			\$750		
SO-Map-Y Camp		\$765		\$765			\$765		
Environmental Arts/Science		\$750		\$750			\$750		
Drama 1		\$780		\$780			\$780		
Drama 2		\$780		\$780			\$780		
Drama 3		\$780		\$780			\$780		
Pre-Teen Adventure Camp		\$895		\$895			\$895		
Teen Adventure Camp		\$895		\$895			\$895		
Counselor-In-Training (CIT)		\$390		\$390			\$390		
Launch & Grind Clinic		\$160 per week							
Sports Galore Camp				\$245 per week					
Gymnastics Camp				\$375/\$140 per week					
AM Care		\$100		\$100			\$100		
PM Care		\$175		\$175			\$175		
Total = Camp + Ext Care									

Membership Due _____	Total Camp Bill _____	Total Payment @ Registration _____ <small>(\$100 deposit per session)</small>	Total Due by June 1 _____	Help send a child to Camp Donate today to our Strong Kids Campaign <small>where every dollar makes a difference</small> \$ _____
Check or Credit Card # _____		Exp Date _____		
Name & Signature of Cardholder _____				

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.
 List any other special needs or requests (Camper Buddy? - one per child) _____

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Camper Name First _____ Last _____

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 _____

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 South Mountain 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 # _____

For SoMapY & Teen Adventure Camps ONLY:
 (please refer to our website for detailed Bus Stop information)

AM Bus Stop Pick Up Location: _____

PM Bus Stop Drop Off Location: _____

Strong Kids Campaign

Thanks to the generosity of donors to our Strong Kids Campaign, our YMCA was able to provide over \$750,000 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? **Yes/No**; or Receiving financial assistance? **Yes/No**

PARENT/GUARDIAN AND YMCA 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 YMCA 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.**

CURRENT MEMBERSHIP AND A \$100 DEPOSIT PER SESSION ARE RERQUIRED 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 June 1, 2010.** If it is deemed advisable to dismiss a camper for medical reasons, one-half of the unused portions of the session will be refunded. I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. 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 session transfer; a late pick-up fee of \$15 per 15-minute interval starting from your child's scheduled pick up time; \$35 for returned checks; add \$50 surcharge for late payments after June 1st. **All requested changes, transfers, and/or credits must be submitted in writing to the Camp Director directly.**

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 YMCA permission to use any and all photographs taken of my child in camp activities in YMCA publicity. The South Mountain 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 YMCA Staff. This includes the use of cell phone cameras. As a result, South Mountain YMCA Day Camps are cell phone free facilities. Cell phones are expressly prohibited.

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.

Parent Signature _____ Date ____/____/____

How did you hear about us? _____
