

Camper Information

Name _____
 Date of Birth _____ Gender F ___ M ___
 Age as of 7/1/21 _____ Grade as of 9/21 _____
 Home Address _____
 City/Zip _____

Parent/Guardian (1—Primary)

Full Name _____ D.O.B. _____
 Primary Phone # _____
 Alternate Phone # _____
 Employer _____
 Primary email (required): _____

[Email is our primary method of communicating camp information, schedules, and last-minute changes throughout the summer. Note that invoices are ONLY sent to the primary email.]

Parent/Guardian (2—Secondary)

Full Name _____ D.O.B. _____
 Primary Phone # _____
 Alternate Phone # _____
 Employer _____
 Secondary Email _____

[Invoices are only sent to the primary email, NOT this email.]

How did you find out about our summer camp?

Additional Authorized Contacts (Required)

In case 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 child. (Photo ID required.)

1. Name _____
 Phone # _____ Relation _____
 2. Name _____
 Phone # _____ Relation _____

Non-Authorized Contacts

Please list anyone who is not authorized to contact your child at any time. (Provide legal documents if parent.)

1. Name _____
 Phone # _____ Relation _____
 2. Name _____
 Phone # _____ Relation _____

Camper Friend Request

[Both friends must request each other and be in same camp.]

Health History

Allergies: _____

Dietary restrictions: _____

Current or past medical treatment that would affect your child's day at camp: _____

Activities your child should be restricted from: _____

Any physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp? (If we can address any further needs to help your child be successful at camp, a separate letter is encouraged.)

List any current medications:

Medications must be in original container accompanied by a Permission to Medicate form with written instructions. Example: Epi pen must be in original container. Campers may not carry medication at any time.

Medication allergies: _____

Current Immunizations (Required)

Date of last tetanus shot: Month _____ Year _____

Insurance carrier: _____

Group policy # _____

Physician: _____

Physician Phone # _____

Dentist _____

Dentist Phone # _____

This health history is correct as far as I know and my school-age child has vaccination records on file with the NJ Board of Ed, OR I exempt my child from vaccinations due to the following reasons:

I also attest my child is in good health and has permission to engage in all the normal activities and trips of camp in the care of the camp staff.

I understand I must also return a completed Universal Health Record with a doctor's signature to participate in any preschool camp program, including Explorers.

Permission to Treat/Informed Consent

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Y to transport, hospitalize, and secure proper treatment, order x-rays, routine tests, injections, anesthesia, or surgery, and to release any records necessary for insurance purposes for my child as named above and to release any records for treatment, referral, and insurance purposes.

Parent/guardian signature _____ Date _____

Weekly Sessions	1 June 21-25	2 June 28-July 2	3 July 5-9	4 July 12-16	5 July 19-23	6 July 26-30	7 Aug 2-6	8 Aug 9-13	9 Aug 16-20	10 Aug 23-27	11 Aug 30-Sept 3	Total Weeks
Explorers (Ages 3 - 4)	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	
Explorers (Ages 4 - 5)	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	_\$330	
Achievers (grades K-1)	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	
Achievers (grades 1-3)	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	
Achievers (grades 3-5)	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	
Adventurers (grades 5-7)	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	
Voyagers (grades 6-8)	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	_\$340	
Tennis Camp (Grades 3-6)	\$1,360 / 4 weeks session _\$355 _\$355 _\$355 _\$355				\$1,360 / 4 weeks session _\$355 _\$355 _\$355 _\$355							
Counselor-in-training (grades 9-10) (Send CIT application and registration form)	_\$675 / 4 week session _\$215 _\$215 _\$215 _\$215				_\$675 / 4 week session _\$215 _\$215 _\$215 _\$215							
										Combined Total Weeks:		

Deposit Summary

\$75 Annual Membership Fee \$ _____

_____ x \$100 Deposit Per Week (applied to camp tuition) ____ x \$ _____

Y Annual Campaign Donation—Please consider giving the Gift of Camp \$ _____ (optional)

Total Amount Due at Time of Registration \$ _____

Balances will be invoiced, may be paid at time of registration, and are due on: 6/4/21 for weeks 1to 4
 *Auto-draft is available. Balances will be charged on due dates. Request form, if preferred. 6/25/21 for weeks 5 to 7
 7/16/19 for weeks 8 to 11

STAFF USE ONLY

Forms Completed _____

Membership _____

Fees Processed _____

Auto Draft _____

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 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. I have reviewed all policies and am aware of all policies and procedures in the camp parent handbook available on the RVY web-site.

Refund Policy—Membership and 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 a session has started. If camper must be dismissed for medical reasons, unused sessions may be refunded. Any requests for cancellations must be completed on a form available at the Y's Welcome Center.

Additional Fees—All camp activities, trip fees, and extended care from 6:00am-7:00pm are included in tuition. Each camper must buy at least one t-shirt to wear on camp trips to ensure safety. Buying t-shirts early is encouraged to ensure trips leave on time and preferred size is available. Late Pick-up Fees of \$15 for up to each fifteen minutes interval will be charged. Calling ahead to inform camp that you may be late helps prepare your child and camp.

Sunscreen Policy—All campers must wear SPF of at least 15 on all exposed skin. Parents/guardians are responsible for applying the first layer. Children are to be provided with enough sunscreen for later applications. Staff will be responsible for ensuring follow-up applications after one hour in water, two hours of sun exposure (due to perspiration). Staff will assist younger campers with applications. An extra t-shirt can be worn during swimming if prone to burning easily.

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.

Media Policy—The Y has my permission to use any and all media taken of my child in camp in camp activities in Y publicity. (Cross off if not authorized.) I understand that any media images I take during events of other children are not authorized for my own social media postings. Inappropriate comments should be reported to a director.

Personal Belongings—All items should be labeled permanently. Your child will transition to many areas and on busses throughout the day. A Found Box/Area is always available at camp but items are more likely to be returned if labeled.

Transportation Permission—The Y will transport my child to trip locations such as aquatic facilities, trip venues and on walking excursions with appropriate personal and contracted bus companies with advance notice of locations and departure/arrival times.

I have read all of the above information and I am fully aware of all 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/Guardian Signature (Required) _____

Date _____