

Registration Form **2023 YMCA Camp YOMECA** [MUST register by Wednesday of the following week, pending availability]

One form per child, please print/complete and return to Raritan Valley YMCA, 144 Tices Lane, East Brunswick, 08816 (P)732 257 4114 (F)732 257 5762

Camper Information

Name _____

Date of Birth _____ Gender F__ M__

Age as of 7/1/23 _____ Grade as of 9/23 _____

Home Address _____

City/Zip _____

Parent/Guardian (1-Primary)

Full Name _____ D.O.B _____

Primary Phone # _____

Alternate# _____ Employer _____

Primary Email (required): _____

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

Parent/Guardian (2-Secondary)

Full Name _____ D.O.B _____

Primary Phone # _____

Alternate# _____ Employer _____

Secondary Email (required): _____

How did you learn about Camp YOMECA? _____

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 it is a parent).

1. Name _____

Phone # _____ Relation _____

2. Name _____

Phone # _____ Relation _____

Camper Friend Request

(Both friends must request each other and be in the same camp.)

Health History

Allergies: _____

Dietary Restrictions: _____

Current of 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: _____

Medication Allergies: _____

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

Current Immunizations (Required)

Date of last tetanus shot: Month: _____ Year: _____

Insurance Carrier: _____

Group policy #: _____

Physician: _____ Phone: _____

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.

Permission to Treat/Informed Consent:

If 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, including release any records for treatment and referral.

Parent/Guardian Signature _____

Date _____

Weekly Sessions	1 June 19-23	2 June 26-30	3 July 3-7 (Prorated)	4 July 10-14	5 July 17-21	6 July 24-28	7 July 31- Aug 4	8 Aug 7-11	9 Aug 14-18	10 Aug 21-25	11 Aug 28- Sep 1	Total Weeks
Achievers (grades K-1)	\$360	\$360	\$310	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	
Achievers (grades 1-3)	\$360	\$360	\$310	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	
Achievers (grades 3-5)	\$360	\$360	\$310	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	
Adventurers (grades 5-7)	\$360	\$360	\$310	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	
Voyagers (grades 6-8)	\$360	\$360	\$310	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	
Counselor-in-training (grades 9-10) (Send CIT Application & Registration Form)				\$250	\$250	\$250	\$250	\$250	\$250	\$250		
7 weeks session - \$1500 from July 10th till Aug 25th 2023												

Sports Clinic	Baseball Grades 3-5 June 26-30	Basketball Grades K-3 July 10-14	Basketball Grades 3-5 July 17-21	Basketball Grades 5 and up July 24-28	Soccer Grades K-3 July 31-Aug 4	Soccer Grades 3-5 Aug 7-11	Soccer Grades 5 and up Aug 14-18
\$385 per week-Full day of camp +clinic (7am-6pm) \$125 per week – Just Clinic from 12pm-3pm (Not included Traditional Camp)							

Deposit Summary

\$75 Annual Membership Fee \$ _____
 _____ x \$100 Deposit Per Week (applied to camp tuition) \$ _____
 Y Annual Campaign Donation – Please consider giving the Gift of Camp (optional) \$ _____
Total Amount due at Registration \$ _____

Balances will be invoiced, may be paid at the time of registration, and are due on:
 6/7/23 for weeks 1-4
 6/28/23 for weeks 5-8
 7/19/23 for weeks 9-11

*Auto-draft is available. Balances will be charged on due dates. Request form, if preferred. *

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 the camp whose special needs we are not able to meet, or whose conduct is not in the best interest of the total camp, without a refund. I have reviewed all policies and am aware of all policies and procedures in the camp parent handbook available on the RVY website

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 the 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.

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 the 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 all media taken of my child in a 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 be 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 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 that 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** _____

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:	DATE OF BIRTH:	GRADE IN SEPTEMBER:

HEALTH STATEMENT (CHECK ONE)

- My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.
- My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

PARENT/GUARDIAN SIGNATURE:	DATE:

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING RARITAN VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Raritan Valley YMCA facilities, services, equipment and premises (“Facilities”) and any participation in Raritan Valley YMCA programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Raritan Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)