



SUSSEX COUNTY YMCA

2019 SUMMER DAY CAMPS

Registration Form



BEST 
SUMMER
EVER 



SussexCountyYMCA.org

2019 Registration Form - Sussex County YMCA Summer Y Day Camps

(One form per child, please print - **MUST be completed and returned to:** Sussex County YMCA, 15 Wits End Road, Hardyston, NJ 07419 or **Fax to:** 973 209 1483

CAMPER INFORMATION (Required)

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CAMPER NAME

First _____

Last _____

Home Phone _____

Date of Birth _____ Gender: _____

Age as of 7/1/19 _____ Grade as of 9/1/19 _____

Home Address _____

City/Zip _____

PARENT/GUARDIAN (1)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

Primary E-mail (Required) _____

Secondary E-mail _____

Address (if different than above) _____

City/Zip _____

PARENT/GUARDIAN (2)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

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 and Parent Handbook. Early Registration is recommended. **In order to ensure the safety of all children and the appropriate staffing ratios, a completed registration form along with payment must be received at the registration office by noon Wednesday for participation in the following week.** If the session is full, you will be placed on a waiting list.

EMERGENCY NOTIFICATION INFO (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 _____

ALTERNATE PICK UP INFORMATION

Please list two additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name _____

Phone # _____ Relation _____

2. Name _____

Phone # _____ Relation _____

HEALTH HISTORY (Required)

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List any current allergies: _____

List any current dietary restrictions: _____

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

List any activities your child should be restricted from: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at 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 and doctor on a permission to medicate form. Example: Epi pen must be in original container. Campers may not carry medication at any time.

CURRENT IMMUNIZATIONS (Required)

Vaccinations are required by the NJ Department of Health prior to camp attendance. **(Check One)**

I attest, by my signature following this statement, that all immunizations required by the NJ Department of Health for my child's participation in camp are up to date and that my child has a current DTap shot with the month and year stated below.

Or, I attest that I have signed and provided to the Y a waiver exempting my child from vaccination due to religious or other reasons.

Date of last DTap shot: Month _____ Year _____

Your child's medical insurance carrier: _____

Group Policy #: _____

Name of Physician: _____

Phone #: _____

Name of Dentist: _____

Phone #: _____

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.

 **Signature (Required):** _____

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CAMPER NAME: _____

GENDER: _____

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SUMMER Y CAMPS	Vacation Camp	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	TOTAL
	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23	8/26-8/30	
Junior Y 9:00am-1:00pm		<input type="radio"/> \$142	<input type="radio"/> \$116	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	
Kids Y 9:00am-1:00pm		<input type="radio"/> \$142	<input type="radio"/> \$116	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	<input type="radio"/> \$142	
Kids Y 9:00am-5:00pm		<input type="radio"/> \$247	<input type="radio"/> \$200	<input type="radio"/> \$247	<input type="radio"/> \$247	<input type="radio"/> \$247	<input type="radio"/> \$247	<input type="radio"/> \$247	<input type="radio"/> \$247	<input type="radio"/> \$247	<input type="radio"/> \$247	
Two week session 9:00am-5:00pm		<input type="radio"/> \$422		<input type="radio"/> \$468		<input type="radio"/> \$468		<input type="radio"/> \$468		<input type="radio"/> \$468		
		Register for two weeks and save!										
Teen Y		<input type="radio"/> \$422		<input type="radio"/> \$468		<input type="radio"/> \$468		<input type="radio"/> \$468		<input type="radio"/> \$468		
CIT Y			<input type="radio"/> \$422									
VACATION CAMP	<input type="radio"/> \$247											
Before Camp Care	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$48	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$57	<input type="radio"/> \$57	
After Camp Care	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$24	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	
SPORT & SPECIALTY CAMPS	Vacation Camp	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	
	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23	8/26-8/30	
*Basketball 9:00am-1:00pm				<input type="radio"/> \$142						<input type="radio"/> \$142		
				<input type="radio"/> \$247						<input type="radio"/> \$247		
*Cupcakes & S'mores 9:00am-5:00pm									<input type="radio"/> \$289			
*NEW Flag Football 9:00am-1:00pm								<input type="radio"/> \$142				
								<input type="radio"/> \$247				
*NEW International Sports 9:00am-1:00pm									<input type="radio"/> \$142			
									<input type="radio"/> \$247			
**NEW Memory Quilt 9:00am-3:00pm								<input type="radio"/> \$263				
*Multi-Sport 9:00am-1:00pm						<input type="radio"/> \$142						
						<input type="radio"/> \$247						
*NEW Pan American Sports 9:00am-1:00pm							<input type="radio"/> \$142					
							<input type="radio"/> \$247					
**NEW Sewing Studio Plus 9:00am-3:00pm							<input type="radio"/> \$263					
*Soccer 9:00am-1:00pm					<input type="radio"/> \$142							
					<input type="radio"/> \$247							
**NEW Sweets & Treats 9:00am-3:00pm						<input type="radio"/> \$263						
*Tennis 9:00am-1:00pm			<input type="radio"/> \$116									
			<input type="radio"/> \$200									
**NEW Top Chef 9:00am-3:00pm					<input type="radio"/> \$263							

* At the Sussex County Y **At Hardytston Middle School **Total:**

Camper Friend Name (One request per camper - both campers must request each other.) _____

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PAYMENT SUMMARY

PAYMENT OPTION

			CASH	CHECK*	CREDIT
Total Camp Tuition	\$				
Deposit DUE AT REGISTRATION (\$50/week)	-	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Membership Fee: \$85 Individual/\$155 Family (Required of all campers. Must be a current member through 9/01/19)	+	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give the gift of camp! (Donate to the Camp Assistance Fund)	+	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Camp Balance (Minus Deposit) All fees must be paid in full by June 01, 2019		\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Sibling Discount (Camp fee only) 5% discount applied to additional siblings in camp at the lowest rate.					

*Make check payable to Sussex County YMCA.

EASY PAYMENT PLAN/PAYMENT

- Authorization for **EASY PAYMENT PLAN** (credit card only): 5 equal credit card payments on the 16th of each month. Starting **January 16, 2019 to May 16, 2019.**
- I authorize you to charge my balance due to my credit card on **May 16, 2019.**
- Credit Card #:** _____ **Exp. Date:** _____
- Name on Card (Print):** _____

SIGNATURE: _____

PARENT/GUARDIAN AND YMCA AGREEMENT

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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.

Current Membership and a \$50 Deposit per week 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, 2019.** If it is deemed advisable to dismiss a camper for medical reason, one-half of the unused portions of the session(s) will be refunded.

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.

Other Fees – Should they occur include: \$35 for changes in registration after May 15, 2019; \$50 surcharge for late payments after June 1st (if your child’s spot is not opened up to the wait list). **All requested changes must be submitted in writing.** Additional fees may include a late pick up fee of \$15 per 15 minute interval starting from your child’s scheduled pick up time; \$35 for returned checks.

Photography Policy: The Y has my permission to use any and all photographs taken of my child in camp activities in Y publicity. The YMCA values the privacy of its members.

I do not wish my child to be photographed at camp. The YMCA values the privacy of its members.

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. As required by New Jersey State Law, I give permission for my child to handle and a bow and arrow.

Parent/Guardian Signature (Required): _____ **Date:** _____