



PRINCETON FAMILY YMCA

2012 SUMMER CAMP

REGISTRATION FORM

DISCOVERY/MVP HALF DAY OPTION

CAMPER'S NAME: _____ AGE: _____ (by 6/15/12)

ONE FORM PER CAMPER

Sign in for the half day program will be at 12:45pm. Please understand that you may not sign your child in prior to 12:45pm. The half day program will begin at 1pm. Pick up is by 6:00pm.

If you are signing your child up for the full day option and need the half day option for only a few weeks, you only need to complete the full day packet. Please inform the Membership Service Department regarding the difference in weeks. In any case, only one packet needs to be completed.

If you are signing your child up for the **Half Day Tennis Program**, please fill out the Tennis Health Packet, not this one.

Please check or highlight the appropriate box to indicate which week(s) you would like for your child. Note camp pricing for each camp selected as rates differ with the type of membership and type of camp.

Membership Type: FFY PY

	Ages	<u>Wk 1</u> 6/25- 6/29	<u>Wk 2</u> 7/2- 7/6	<u>Wk 3</u> 7/9- 7/13	<u>Wk 4</u> 7/16- 7/20	<u>Wk 5</u> 7/23- 7/27	<u>Wk 6</u> 7/30- 8/3	<u>Wk 7</u> 8/6- 8/10	<u>Wk 8</u> 8/13- 8/17	<u>Wk 9</u> 8/20- 8/24	
DISCOVERY CAMPS - ACA Accredited		Full Facility: \$ 160/week					Program: \$ 180/week				
Pioneers	4-5										
Navigators	6-7										
Explorers	8-9										
Voyagers	10-12										
MVP SPORTS CAMPS - ACA Accredited		Full Facility: \$ 160/week					Program: \$ 180/week				
Rookies	5-6										
All-Stars	7-8										
Champions	9-10										
Dream Team	11-12										

MANDATORY medical forms, emergency contact and pick up authorization packet MUST be completed and turned in with this registration in order for your child to be enrolled in camp programs.



PRINCETON FAMILY YMCA 2012 SUMMER CAMP FORMS

ALL FORMS MUST BE COMPLETED IN FULL FOR EACH INDIVIDUAL
CAMPER IN ORDER TO COMPLETE CAMP REGISTRATION!

Camper's Full Name _____ M F Grade entering in 9/2012 _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Age _____ DOB (MM/DD/YYYY) _____

In signing this document, I understand that the Princeton Family YMCA:

- Has permission to charge my credit card for the required active membership. Each child enrolled must have an active membership throughout the entire time they participate in the Summer Camp Program as well as to hold a spot at registration.
- Has permission to charge my credit card for my child(ren)'s fee(s) associated with the Summer Day Camp Program.
- Has the right to charge this credit card for any unpaid program balances acquired on my account.
- Has permission to charge my credit card for the required active membership. Each child enrolled must have an active membership throughout the entire time they come to camp.

Princeton Family YMCA Payment Agreement:

- The Princeton Family YMCA Summer Camp Program Credit Card Agreement is a continuous payment plan. I understand that this payment plan will remain in effect for as long as I have my child(ren) enrolled in the Summer Camp Program, or until the credit card is cancelled or the authorization granted to the YMCA has been revoked.
- This payment will be deducted WEEKLY on the Monday prior to the beginning of the camp week. Payment schedules can be adjusted at parent's request—and must be arranged with Roseann Conway.
- It is my understanding that if I wish to terminate or change my payment in any way, I must inform Roseann Conway immediately.
- Should my bank for any reason not honor any payment/credit transmission, I realize that I am still responsible for the payment.
- It is my understanding that my child must have a current membership in order for he/she to be enrolled in the Princeton YMCA Summer Day Camp.

Billing Information:

Billing Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Email Address: _____

MasterCard Visa Discover American Express

*Account # _____ Expiration Date _____

Name (as it appears on Credit Card) _____

Card Holder's Signature _____ Date _____

*If you have any questions regarding this information, please call the Membership Services Desk.

Staff Initials:



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Camper's Full Name _____ M F Grade entering in 9/2012 _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Age _____ DOB (MM/DD/YYYY) _____

Parent/Guardian with legal custody to be contacted in case of emergency:

Name _____ Relationship to Camper _____ Employer _____
Home Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Email address _____

Secondary parent/guardian or other emergency contact:

Name _____ Relationship to Camper _____ Employer _____
Home Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Email address _____

Additional contact in the event parent(s)/guardian(s) can not be reached:

Name _____ Relationship to Camper _____ Employer _____
Home Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Pick-Up Authorizations:

Please list all persons authorized to pick up your child. In emergency situations only, a parent/guardian must give written permission for an individual, who is not on this list, to pick up the camper. At pick up, every individual will be asked for identification, so please have it ready at the time of pick up. No exceptions will be made - this is done for the safety of your child. Please make sure that the individuals on this list are aware that they may also be called in the case of an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if a non-custodial parent has limits on visitations or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be give to the YMCA and kept on file at the program.

Check this box if the authorized persons are the same as those listed in the section above.

Other Authorized Individuals:

Name _____ Relationship to camper _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Name _____ Relationship to camper _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

The following individuals are NOT ALLOWED to pick up my child:

Name _____ Relationship to camper _____
Name _____ Relationship to camper _____



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Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Age _____ DOB (MM/DD/YYYY) _____

Medical Information: This form is **REQUIRED** by New Jersey State Law. Campers **MAY NOT** attend without this on file.

Allergies: No known allergies. This camper is allergic to: Food Medicine Environment (insects, grass, etc) Other

Please describe what the camper is allergic to and the reaction seen:

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.

This camper has special food needs (please describe):

Restrictions: Are there any medical issues or restrictions where the camper would be exempt from any camp activity? If so please describe:

Mental, Emotional, and Social: Has the camper ever been treated for emotional or behavioral difficulties? yes no

Has the camper ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder (ADD/ADHD)? yes no

Please provide more information regarding the information above (or other concerns) that we would be able to use in order to provide a great experience for each camper:

Medication: Please list any medications that your child is currently taking, prescribed or over the counter:

Please check any condition you camper has had: Ear Infection Bleeding Disorders Diabetes Asthma (please see
 Heart Disease Musculo-Skeletal Disorders Asthma Form)
 Seizures Hypertension Hernia Other: _____

Has your child had a full physical in the last 2 years? yes no If yes, please indicate date _____

Date of last tetanus shot _____ **A COPY OF THE MOST UP TO DATE IMMUNIZATION RECORDS MUST BE ATTACHED!**

Medical Insurance: Insurance Carrier & Phone _____ & (____) _____

Policy Number _____ Doctor Preference & Phone _____ & (____) _____

What have we forgotten to ask? Please provide any additional information about the camper's health and well being that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed:

CONSENT OF TREATMENT: I know of no reason(s), other than the information indicated on this form, why my child should not participate in camp activities. In an emergency, when neither I nor the persons named above can be reached, I hereby authorize the Camp Director and/or Health Supervisor to take any action deemed necessary for the best interests of my child, including transportation for emergency room treatment. Permission granted to any medical personnel selected by the camp to provide needed care including: routine health care, administration or medications, X-Rays, routine test and treatment; to release records as needed for insurance purposes; and to arrange for transportation for emergency medical treatment. I understand that the information on this form will be shared on a "need to know" basis with camp staff only.

Signature of Parent/Guardian _____ Date _____ Relation to Camper _____



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Camper's Full Name _____ M F Grade entering in 9/2012 _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Age _____ DOB (MM/DD/YYYY) _____

Camper Code of Conduct Agreement:

During camp I will...

- Keep my hands and feet to myself.
- Tell a camp counselor when there is a problem so they may help me.
- Listen to my camp counselors and directors and treat everyone with respect.
- Treat other people's belongings with respect and ask before using them.
- Not use the candy/soda machines.
- Use clean language.
- Always stay with my group.
- Remember to use good sportsmanship.
- Be responsible for my belongings.
- Respect the buildings in use and nature.
- Clean up after all trash and litter around the area.
- Adhere to camp buddy system at all times.

During camp I will not...

- Bring any weapons, matches, lighters, fireworks, or inappropriate items (drugs, alcohol, etc) with me to camp.
- Bring an iPod or other electronic device (ie. Nintendo DS) while participating in camp. I understand that the YMCA is not responsible for the damage of or the loss of such items.
- Use my cell phone during camp, and if I need to bring one with me, I will leave it turned off and in my bag out of site at all times.
- Borrow other campers belongings without asking.
- Pick up sticks, dirt, throw rocks, or climb trees unless I am instructed to by a counselor for a certain camp activity.
- Hit, punch, threaten, or use inappropriate language to other campers or YMCA staff members.

I understand that the YMCA seeks to provide fun, safe and satisfying experiences for everyone. The YMCA asks that you in turn accept responsibility for your own personal conduct. I also understand that I must follow the above rules, and also others that are determined necessary by the YMCA Staff. I also understand that if I break any of the above rules, the YMCA may notify my parents, and send me home immediately. I also understand that my parents will be expected to pick me up, and that no fee refund will be issued.

Bullying Policy Agreement: As defined by the New Jersey Coalition for Bullying Awareness and Prevention, "Bullying is an act or threat that is unprovoked, repeated, aggressive, intended to cause fear, distress, harm, may be physical, verbal, or psychological in nature or combination, and may be bias/prejudice. Acts of bullying may include name calling, slurs, epithets, put-downs, taunts, teasing, bodily harm, hitting, kicking, tripping, shoving, taking or damaging personal property, saying/writing inappropriate things, starting rumors, public humiliation, deliberate exclusion and coerced actions." (New Jersey Coalition for Bullying Awareness & Prevention)

Any camper observed bullying another camper or campers will have their parents notified along with the camper or campers being bullied by the YMCA staff. If the problem persists, the YMCA may remove the camper who has committed the act or acts of bullying from camp.

This form must be completed for each camper. Each camper and parent/guardian must review this form together and sign below. Parents, please be aware that more detailed behavioral information is found in the 2012 Day Camp Parent Handbook.

Our signatures below indicate that we have read, understand and agree to abide by the above rules and consequences.

CAMPER SIGNATURE _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____



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Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Age _____ DOB (MM/DD/YYYY) _____

Photo / Video Release Form:

The Princeton Family YMCA reserves the right and has my permission to photograph or film my child while they are participating in any camp activity. They may also use said pictures and video files for any form of advertising or promotion, at no compensation to me, as deemed appropriate as well as publish them on the YMCA / Camp website for publicity purposes.

- I hereby give my permission.
- I do not wish for my child to be photographed or filmed for any purpose by the YMCA.

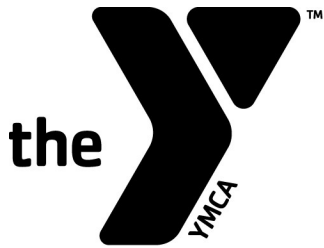
Parent/Guardian Signature _____ Date _____

Parent Acknowledgement

- At minimum, a Princeton Family YMCA Program Membership is required and MUST remain current through the duration of the summer camp season.
- A \$100 non-refundable/non-transferable deposit per camp week, per child, must accompany each registration. The deposit is applied to the total program fee.
- Refund Policy: The Princeton Family YMCA will refund payment, less the \$100 deposit, if cancellation is made within 7 days of the camp week beginning. No refunds will be given after this point. In case of illness or health related incidents, refund requests should be submitted accompanied by a doctor's note. All refunds are subject to director's approval only and are never guaranteed. I understand that in the case that my child is removed from camp, there will be NO refund or camp fees for the period in concern.
- Camp transfers can be made up until the Friday before that week of camp begins. Any transfers after this time may result in a \$25 processing fee.
- Camp registrations received Monday morning of the camp week, will incur a \$25 late registration fee in addition to the normal camp fees.
- I have read and fully understand the camp payment policy. Failure to pay will result in my child not being able to attend camp.
- I understand that the YMCA will assess a \$35 fee on all returned checks / not sufficient funds.
- I agree to have all necessary forms in this packet completed and submitted to the Princeton Family YMCA prior to my child starting camp. If I do not, I acknowledge that my child may not be able to participate in camp activities.
- Prior to the beginning of camp, I promise to read and fully understand the *2012 Day Camp Parent Handbook* located online at www.princetonymca.org
- Financial Assistance is made available when funds are available on a first come first serve basis only. In order to be considered for Financial Assistance, I must submit all applications and paper work by May 1, 2012. I understand that more information and applications can be found on the YMCA website.
- To the best of my knowledge, all of the information I have shared in this packet is correct and accurate for the above named camper.

Print Name of Parent/Guardian _____ Relation to Camper _____

Signature of Parent/Guardian _____ Date _____



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ADDITIONAL FORM - Please complete only if your child has Asthma

Information about Camper's Asthma:

We want your child to receive appropriate care and support for his/her asthma while attending camp. Please complete the following form and return it with the other health forms. Please feel free to attach any additional information as needed, including physician medication orders or greater detail about your child's asthma history.

What triggers your child's asthma?

Please provide details about the triggers, including things which all counselors and YMCA staff should be told.

- Exercise / Physical Activity Fatigue Dehydration Stress
- Food Item Smoke Allergen Respiratory Infections/Common Cold
- Other: _____

Please provide further information if needed:

Asthma Medication:

Medications are supervised by our healthcare staff and camp directors and kept in the health care area with the exception of inhalers that must be carried by the camper or counselor. Please indicate below the medication your child is currently on for their asthma.

Name of Medication _____ When medication is taken (as needed, at lunch, etc) _____
Name of Medication _____ When medication is taken (as needed, at lunch, etc) _____

- My child is capable of and has been instructed in the proper method of self-administering of the inhaled medications named above in accordance with NJ Law.
- My child is NOT approved to self-medicate.

Precautions:

At what point should we notify you (parent/guardian) about an asthma flare? _____
At what point should this child be taken to a physician or hospital? _____

Signature of Parent/Guardian _____ Date _____



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Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Age _____ DOB (MM/DD/YYYY) _____

ADDITIONAL FORM - Please complete only if your child has prescribed medication.

New Jersey State Law requires written consent by the parent or legal guardian and the physician before a prescribed medication may be administered to a camper at a camp.

PART ONE (To be completed by the parent or guardian)

The camp nurse has my consent to administer medication to my child as prescribed and ordered by my physician.

Physician's Name _____ Physician's Phone (____) _____

Signature of Parent/Guardian _____ Date _____

PART TWO (To be completed by child's physician)

The following camper, _____, is under my care, and it is necessary for him/her to receive the following medication during camp hours on a regular / emergency (circle one) basis for (state reason) _____.

Medication _____ Dosage _____ Time _____

Signature of Physician _____ Date _____

*All medication must be placed in a prescription container and properly labeled by the pharmacist or physician.

Allergy Medication

If you child has a severe allergy, it may be necessary for him/her to carry medication to counteract an allergic episode. Please complete the following and return to the Princeton Family YMCA.

_____ (camper's name) has been instructed in the proper use of his/her EPI-PEN for allergic episodes. We, this child's parent/guardian and his/her physician, request that _____ (camper's name) be permitted to carry their medication around. He/She has been instructed in and understands the appropriate method, and frequency of the use of this medication. We consider him/her to be responsible. He/She uses the following medication _____. We absolve the Princeton Family YMCA and staff of any responsibility in safeguarding our child's medication.

Signature of Parent/Guardian _____ Date _____

Signature of Physician _____ Date _____

Health Care Provider Stamp or Printed Name _____ Date _____