

February 2019



Dear Families and Campers,

Thank you for choosing the YWCA Bergen County for your child's summer camp experience. We are very proud of our long tradition of fun, affordable summer camp experiences for boys and girls ages 5 -12. Each week is action-packed, offering exciting activities that keep children moving, creative, and engaged.

Summer 2019 Incentives (All discounts are non-refundable and non-transferable and must be paid in full by the following outlined deadline dates):

Applications Received February 1st through March 16th, 2019

Register for 4 weeks or more and take \$125 off.

Register for 8 weeks and take \$300 off.

Applications Received March 17th through April 30th, 2019

Register for 4 weeks or more and take \$100 off.

Register for 8 weeks and take \$275 off.

Register for all 9 weeks and receive \$375 off. Must be paid in full by May 20th, 2019.

Registration is easy as 1, 2, 3!

1. Complete a packet in full.

2. Include a copy of a current physical / medical record w/ immunizations (within the last 12 months).

3. Mail in application, medical and payment.

Children must be registered no later than Tuesday to start the following week. Children registered on Wednesday will incur a \$25 late registration fee and registrations received on a Thursday or Friday by 12pm will incur a \$50 late registration fee.

Please feel free to contact us at 201-345-1914, 201-345-1913 or 201-345-1904 or visit our website at www.ywcabergencounty.org for details. We look forward to a fun and exciting summer and providing your child with a memorable camp experiences!

Sincerely,

Kellie Weiss

Kellie Weiss
Manager, School Age Programs

Alexis Winer

Alexis Winer
Assistant Manager, School Age Programs

To better serve you in the future, please let us know how you heard about our camps.

Select one or more:

- Email Camp Fair Event After/Before School Programs
 Internet Newspaper Magazine Friend/Family
 Open House Other _____



Camp Orinda Registration - Summer 2019

New Camper Returning Camper

Orinda

Child's Name: _____ Male Female Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Family Information/Communication

Parent/Guardian Name: _____ Male Female Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Parent/Guardian Name: _____ Male Female Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

** Non-custodial parent address: _____

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation? no yes – court order attached

Emergency Information/Communication

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Information/Communication (continued)

1. Yes, I give permission for the YWCA of Bergen County to transport my child to and from summer camp for daily transportation, swim lessons or field trips as applicable. I understand that the transportation will be appropriately supervised. I understand that the YWCA Bergen County and its employees assume no liability in case of an accident outside of our authority.
2. Yes, I have read this entire application and I agree to abide by all terms and regulations.
3. Yes, the child named on this contract is in good health and is able to fully participate in all activities offered at the YWCA summer camps. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Insurance Carrier: _____ Policy Holder: _____

Policy Number: _____ Group Number: _____

Pediatrician's Name: _____ Phone: _____

Date of Last Physical Exam: _____ Were results of exam normal? Yes No

Please include a copy of your latest physical.

Any Medical Issues/Allergies? No Yes, describe: _____

If your child has allergies requiring medical treatment – please send a care plan from your doctor. Medications must be sent in a Ziplock bag with your child’s name on it. All medications must be in their original container with the prescription label on them.

Any Learning/Behavioral issues? No Yes, describe and include copy of latest IEP.

Signature of Parent/Guardian

Date

YWCA Payment Page

Camper's Name: _____

Orinda

Please circle your choices. Please note registration fee and weekly tuition are non-refundable and non-transferable.

Membership Fee per application	\$50				
Registration Fee per application	\$50				
	1st child	Each additional child	Pre-camp per child	Post-camp per child	Total
Week 1 6/24 – 6/28	\$320	\$285	\$55	\$65	
Week 2 7/1 – 7/5 (closed 7/4 & 7/5)	\$240	\$205	\$40	\$50	
Week 3 7/8 – 7/12	\$320	\$285	\$55	\$65	
Week 4 7/15 – 7/19	\$320	\$285	\$55	\$65	
Week 5 7/22 – 7/26	\$320	\$285	\$55	\$65	
Week 6 7/29 – 8/2	\$320	\$285	\$55	\$65	
Week 7 8/5 – 8/9	\$320	\$285	\$55	\$65	
Week 8 8/12 – 8/16	\$320	\$285	\$55	\$65	
Week 9 8/19 – 8/23	\$320	\$285	\$55	\$65	
Discount if applicable					
Total					

Discounts not applicable to membership and registration fees or pre- and post-camp.

- Pre-camp (7:30am - 8:30am)
 Post-camp (5pm - 6:30pm)

Please indicate by checking am/pm bus stops for Camp Orinda registrants.

Bus Stop for Camp Orinda	Bethany Community Center (Washington Township)	Doug Parcels Athletic Center (DPAC) (Oradell)
AM	<input type="checkbox"/> 8:15am	<input type="checkbox"/> 8:25am
PM	<input type="checkbox"/> 5:25pm	<input type="checkbox"/> 5:15pm

PAYMENT OPTION

Electronic Fund Transfer (EFT) – Voided Check must be provided.

Credit Card

Type of Card: American Express Discover MasterCard Visa

Name as it appears on card: _____ Daytime phone: _____

Billing Address for this card: _____

Card number: _____ Expiration date: _____ Security code: _____

I hereby authorize the YWCA Bergen County to charge my credit card for my child's summer camp tuition.

Signature: _____

Date: _____

***Membership, registration and weekly fees to include pre- and post-camp are non-refundable. There is a \$25 processing fee for changes.**

RELEASE, HOLD HARMLESS AND WAIVER AGREEMENT

You should not sign this Agreement unless and until you are satisfied you have had adequate time to read it and you understand it. You acknowledge there are alternatives to the activities and programs offered by YWCA Bergen County.

The activities taking place at the YWCA Bergen County or during YWCA Bergen County programs can be strenuous and inherently dangerous and participation in the activities, on or off premises or on premises used by YWCA Bergen County, can result in serious injury or in exposure to illnesses and diseases borne by others. The YWCA Bergen County urges you to obtain a physical examination from a doctor before using any facilities or equipment or participating in any program. You agree that if, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, you engage in any physical exercise or activity, use any YWCA Bergen County equipment or facilities, or participate in any YWCA Bergen County program, you do so entirely at your own risk. You agree you are voluntarily participating in the YWCA Bergen County activities and programs and the use its facilities, equipment, premises and premises used by it, and you assume all risks of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries, death and illnesses which may occur as a result of: (a) your use of all amenities, facilities and equipment in, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, including, without limitation, adjacent sidewalks and parking areas,(b) the sudden and unforeseen malfunctioning or contamination of any facility or equipment, and/or (c) YWCA Bergen County instruction, training, supervision or maintenance or the absence of instruction, training, supervision or maintenance.

You expressly agree to release and hold harmless YWCA Bergen County and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. You further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Bergen County or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

By signing below, you acknowledge you have carefully read, fully understand and accepted this release, hold harmless and waiver. If any portion of this release, waiver and hold harmless is deemed by a court of competent jurisdiction to be invalid or overbroad, then the remainder will remain in full force and effect and be construed in the broadest manner permitted by law. This release, waiver and hold harmless cannot be modified orally.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____

YWCA School Age Programs

Optional Form – Please fill this out only if you need your child to take prescription or non-prescription medication while at camp.

1. Permission to administer prescription medications

Camper's Name: _____

I hereby give my permission to the medical staff of the YWCA summer camp to administer the following prescription medication to my child.

Name of Medication _____

This medication must be administered according to the Doctor's orders and instructions. When camp begins, I will send in a copy of the prescription and / or the Doctor's orders and the medication in the original container with the prescription label on it.

****I understand a Doctor must sign and stamp this form**.**

2. Permission to administer non-prescription / over the counter medications

DRUG NAME	DOSAGE	SCHEDULE AND INDICATIONS	Permission	Comments
Acetaminophen	Per label instructions by age/weight	Q4 hr prn for pain, fever, sore throat, earache, muscle strain or ache, toothache	Yes No	
Ibuprofen	Per label instructions by age/weight	Q4 hr prn for pain, fever, sore throat, earache, muscle strain or ache, toothache	Yes No	
Mylanta	Per label instructions by age/weight	Nausea, upset stomach	Yes No	
Milk of Magnesia	Per label instructions by age/weight	Constipation	Yes No	
Benadryl	Per label instructions by age/weight	Mild allergic reactions	Yes No	
Aloe Vera Gel	Per label instructions	Mild sunburn	Yes No	
Caladryl	Per label instructions by age/weight	Poison ivy	Yes No	
Visine	Per label instructions by age/weight	Irritated Eyes	Yes No	
Swim Ear	Per label instructions by age/weight	Minor earache	Yes No	

Parent / Guardian Permission Signature: _____ Date: _____

Health Care Provider Signature: _____

This form MUST be signed and stamped by Healthcare provider for prescription or OTC medication

Healthcare Provider Stamp

YWCA Photo/Video Release Form

This form indicates whether you do/do not give the YWCA Bergen County permission to use your or your child's photograph/video for communications, marketing, and/or public relations purposes.

Yes, you have permission to use **my / my child's photo/video** in YWCA Bergen County's communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Date: _____

Your Name: _____

Child's Name (if signing for a minor): _____

Home Address: _____

City: _____ State: _____ Zip: _____

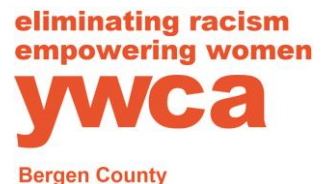
Telephone No: _____

Email: _____

Signature: _____

Site: _____ Camp: _____ Program: _____

YWCA Bergen County
214 State Street, Suite 207
Hackensack, NJ 07601
201-881-1700



www.ywcabergencounty.org