

# 1 Hamilton Area YMCA Sawmill Branch 2019 SUMMER CAMP Registration Form

Please Print

Camper's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade entering in 9/19 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent E-mail(s)\* \_\_\_\_\_

\*Weekly e-mail updates will be sent to all provided e-mail addresses.

## Medical History (Required by the New Jersey Department of Health & Safety)

Doctor Preference \_\_\_\_\_ Phone \_\_\_\_\_

Immunization History: **Please submit a copy of shot records by May 1.**

Food Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Does your child carry an asthma inhaler? \_\_\_\_\_ Will you be sending an EpiPen to camp? \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Chronic or recurring illness including seizures: \_\_\_\_\_

List all medications that your child is currently taking: \_\_\_\_\_

Please list any additional health history or behavior information we should be aware of: \_\_\_\_\_

A medication authorization form must be completed and signed by parent and physician (if applicable) if your child requires medication during the camp day. **Campers may not carry any medications on their person, this includes inhalers and EpiPens.**

IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE

**Parents Authorization:** This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. The person herein has had a physical examination by his/her doctor within the last year, is up to date with immunizations and is in good health to participate in Hamilton Area YMCA Sawmill Branch programs. I hereby give permission to the physician selected by the Camp Director to order X-rays, routine tests and treatment for the health of my child in the event of an emergency. I hereby give permission to the physician selected by the Camp Director to emergency transport, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above in the event of an emergency if I cannot be reached.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(one form per camper please • Please print clearly)

**Lower fee listed indicates the cost per session for camps, to be paid in full on or before March 27. Higher fee indicates cost to be paid in full March 28 and after.**

**2** Select your camp(s) & weeks.

**3** Select your hours.

WEEKLY THEMES	Welcome Week		Holiday HulaBalloo		Sports Showdown		Mystery at the Mill		Color Wars		Movie Mania		Shark Week		Wild, Wild West		Messy Mania		Curtain Call	
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20
Summer Fun 6/20 - 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										
<b>TRADITIONAL CAMPS</b> 3 Day Week Extended Day** Entering 1 - 3, 4 - 8 Camp fees: 3 day 7:30 a.m. - 6:00 p.m. \$240. An additional \$40 will be assessed beginning March 28 Camp fees: 5 day 9:00 - 4:00 p.m. \$260; 5 day 7:30 a.m. - 6:00 p.m. \$300. An additional \$40 will be assessed beginning March 28																				
Mini Camp																				
5 Day Camp*																				
S.K.O.R. Camp																				
S.K.O.R. 1/2 Day Camp																				
<b>ENRICHMENT CAMPS</b> Camp fees: 5 day 9:00 a.m. - 4:00 p.m. \$260 (CIT - \$370); 5 day 7:30 a.m. - 6:00 p.m. \$300 (CIT - \$490); an additional \$40 will be assessed beginning March 28 Dance Camp Entering 1 - 8 Water Warriors* Entering 1 - 8 Neverland Adventures Entering 1 - 5 Avengers Entering 1 - 5 Child vs. Wild Entering 3 - 8 Art Academy Entering 1 - 8 LIT Entering 7 - 8 CIT (3 week session) Ages 14 - 15																				
<b>SPECIALTY CAMPS</b> Camp fees: 5 day 9:00 a.m. - 4:00 p.m. \$290; 5 day 7:30 a.m. - 6:00 p.m. \$330; an additional \$40 will be assessed beginning March 28 Bricks 4 Kidz Entering 1 - 5 Mad Science Entering 1 - 5 Magic Camp Entering 3 - 8 Robotics Camp Entering 5 - 7 Red Bulls Soccer School* Entering 2 - 8 Swim School* Entering K - 5 *Visit hamiltonymca.org for Red Bulls Soccer and Swim School Fees.																				
<b>SPORTS CAMPS</b> Camp fees: 5 day 9:00 a.m. - 4:00 p.m. \$260; 5 day 7:30 a.m. - 6:00 p.m. \$300; an additional \$40 will be assessed beginning March 28 Y Sports* Entering 1 - 8 Lacrosse Entering 3 - 6 Flag Football Entering 3 - 6																				
<b>TRAVEL CAMPS</b> Camp fees: 5 day 9:00 a.m. - 4:00 p.m. \$345; 5 day 7:30 a.m. - 6:00 p.m. \$385; An additional \$40 will be assessed beginning March 28 □ Jr travel (grades 4 - 6) □ Sr Travel (grades 7 - 9)																				
Adventure Week																				
Amusement Park Week																				
Beach Week																				
Video Game Week																				
Water Park Week																				
* Campers will be grouped by grade level into smaller groups. **Drop off and pick up at Sawmill only. ***Fees will be prorated for the July 4th holiday.																				
<b>SWIM LESSONS</b> Swim Lesson fees: Monday - Friday; \$58 Program Members/\$43 Facility Members 2:30 p.m. 3:15 p.m. 4:00 p.m.																				

**Swim Lessons**

## 4 Registration Form *continued*

This form must be completed for each camper.

Camper's Name \_\_\_\_\_

- Campers MUST have the same bus stop location for both a.m. and p.m.
- Transportation fee: \$40.00 per week/per camper
- A minimum of 15 campers is needed for each bus stop.
- S.K.O.R. Camp transportation is available at the JKR bus stop only.

### Sawmill Branch (185 Sawmill Road)

\_\_\_ 9:00 a.m. - 4:00 p.m.

\_\_\_ 7:30 a.m. - 6:00 p.m.

### AMC Movie Theatre (325 Sloan Avenue)

\_\_\_ 7:15 a.m. Bus Must select extended day option on registration page 1.

\_\_\_ 8:15 a.m. Bus no additional fee

\_\_\_ 4:50 p.m. Bus no additional fee

\_\_\_ 5:50 p.m. Bus Must select extended day option on registration page 1.

Transportation \*\$40.00 transportation fee per week x # of weeks \_\_\_\_\_ = \_\_\_\_\_

Text AMCBUS to 84483 for free travel update texts.

### Hamilton Area YMCA JKR Branch (1315 Whitehorse-Mercerville Road)

\_\_\_ 8:30 a.m. drop off no additional fee

\_\_\_ 4:25 p.m. Bus no additional fee

\_\_\_ 5:25 p.m. Bus Must select extended day option on registration page 1.

Transportation \*\$40.00 transportation fee per week x # of weeks \_\_\_\_\_ = \_\_\_\_\_

Text JKRBUS to 84483 for free travel update texts.

**\*Times shown are estimated departure and arrival times. You may drop off 15 minutes prior to the departure times.**

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**5** Are you are registering for the integrated camp program for individuals with disabilities and would like a support person assigned to your child. \_\_\_ Yes \_\_\_ No

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**6** At minimum, a Hamilton Area YMCA Program Membership is required and must remain current through the duration of the program. \_\_\_ \$60 single youth program membership fee. \_\_\_ \$110 family program membership fee.

## 7 Payment Method

Check # \_\_\_\_\_  Deposit Only \$ \_\_\_\_\_  Full Payment \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ SID # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

## 8 Emergency Contacts & Parent Acknowledgement

Camper's Name \_\_\_\_\_

Please list all persons authorized to pick up your child. Parents or guardian names must be included on this list. You will be given pick up cards (identified by pick up location) to distribute to everyone on this list, which must be presented when picking up your child. In emergency situations only, parent/guardian must give written permission for an individual who is not on this list to pick up the child listed on this application. No child will be released without a pick up card or emergency verbal/written permission. NO exceptions will be made to this policy. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or delete from this list at any time, however you will be responsible for retrieving any invalid cards. Please indicate if a non-custodial parent has limits on visitation 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 given to the YMCA and kept on file at the program.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

In the event of an emergency, parents will be contacted. If parents are not available, the other individuals on the emergency contact/pick-up list will be contacted.

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

1. Name _____	Relationship _____
2. Name _____	Relationship _____

### Parent/Guardian Signed Releases

I hereby enroll my child, \_\_\_\_\_, in the Hamilton Area YMCA Sawmill Branch Summer Camps and I:

- Understand my child must remain current facility or program member of the Hamilton Area YMCA.
- Submitted completed registration forms.
- Provided a non-refundable, non-transferable deposit of \$25 per week, per child. Cash, check, credit and debit cards are accepted.
- Agree to pay the balance of camp fees in full. All payments must be paid in full on or before March 27 to receive our lowest weekly fees.
- Understand all outstanding balances to be paid in full on or before June 1.
- Understand that camp registration closes and will not be accepted after 8:00 p.m. on Wednesday prior to camp start date.
- Understand the first camp change is free, all subsequent changes are assessed a \$25 fee each change. All changes after June 1 must be approved by the Camp Director.
- Will provide child's current shot record no later than May 1.
- Understand that it is my responsibility to read and understand these policies and procedures in addition to those explained in the parent handbook, found on the camp page of our website at hamiltonymca.org.
- Grant permission for the child to fully participate in all scheduled activities, including bus transportation (if applicable), swimming and field trips (if applicable), unless otherwise stated in writing to the Hamilton Area YMCA Sawmill Branch. Any conditions which might affect this child's performance at camp, or any conditions of which the staff should be aware (medical treatment, allergies, asthma, special requirements), are listed on the medical history part of the registration form.
- Understand I must supervise my child until he or she is checked in with the counselors. I must also sign my child in and out with the proper staff and identification at drop off and pick up.
- Give permission to use any pictures or film taken of my child during participation at camp for Hamilton Area YMCA promotional purposes as deemed appropriate.
- Understand each camper and parent must cooperate and accept camp rules and guidelines. Inappropriate behavior may involve disciplinary action by the camp directors and/or dismissal from camp. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.
- **Give permission to apply sunscreen to my child during the summer camp program.**
- **Confirmed we have a valid e-mail address on file for important camp welcome, update, and weekly update e-mails**
- Understand in the event of payment default you will be responsible for reasonable collection agency fees and/or attorney fees in addition to the delinquent balance.
- Understand no refunds will be given after April 10. The refund policy is on our website and on page 6 of the parent handbook.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_