

YMCA CAMP TOPANEMUS REGISTRATION 2010

Please print using a ball point pen

Camper Name _____ Birth Date _____ Grade (Sept 2010) _____

Address _____ Email _____ Phone _____

STREET

CITY

Parent One _____ Cell # _____ Work # _____

Parent Two _____ Cell # _____ Work # _____

Emergency Contact _____ Relationship _____ Phone(s) _____

Emergency Contact _____ Relationship _____ Phone(s) _____

Choose the camp programs by *circling* the corresponding boxes. A program membership fee is due at the time of registration. If your child's current membership expires between June 28 and August 27, 2010, you must renew their membership along with your camp application. **All balances must be paid in full two weeks before your camper attends camp; i.e., if your camper starts on June 28, your balance is due on June 14.** (see page 2 for all due dates)

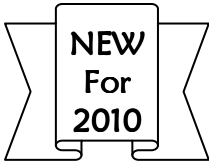
NEW FOR 2010 → TUITION FEE DOES NOT INCLUDE TRANSPORTATION

Please choose the camp program you are interested in by circling the week desired.	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Programs Grades	June 28 July 2	July 5 July 9	July 12 July 16	July 19 July 23	July 26 July 30	Aug 2 Aug 6	Aug 9 Aug 13	Aug 16 Aug 20
Day Camp – Mohawks Grades K-2	\$269	\$269	\$269	\$269	\$269	\$269	\$269	\$269
Day Camp – Cayugas Grades 3-5	\$269	\$269	\$269	\$269	\$269	\$269	\$269	\$269
Day Camp – Senecas Grades 6-8	\$269	\$269	\$269	\$269	\$269	\$269	\$269	\$269
Sports Max Grades K-2	\$269	\$269	\$269	\$269	\$269	\$269	\$269	\$269
Junior Baseball Grades 3-5	\$269		\$269		\$269		\$269	
Senior Baseball Grades 6-8		\$269		\$269		\$269		\$269
Junior Basketball Grades 3-5		\$269		\$269		\$269		\$269
Senior Basketball Grades 6-8	\$269		\$269		\$269		\$269	
Junior Gymnastics Grades 3-5	\$269		\$269		\$269		\$269	
Senior Gymnastics Grades 6-8		\$269		\$269		\$269		\$269
Challenger British Soccer Grades 3-8					\$269			
YMCA Lacrosse Grades 3-8				\$269				
Junior Tennis Grades 3-5		\$269		\$269		\$269		\$269
Senior Tennis Grades 6-8	\$269		\$269		\$269		\$269	
Magic Camp Grades 4-8	\$309	\$309	\$309	\$309	\$309	\$309	\$309	\$309
*** Magic Bag of Tricks - \$35.00 ***								
Travel Camp Grades 6-9	\$399	\$399	\$399	\$399	\$399	\$399	\$399	\$399
Travel Camp Calendar will be available at www.topanemus.org on April 1, 2010.								
Performing Arts Camp Grades 4-8	\$999				\$999			
Leadership Training Grades 9 & 10	\$1550							
Leadership Training is a Full 8 Week Program, June 28 – August 20.								
Separate Application must be completed and returned along with 3 references, which can be downloaded from www.topanemus.org. All applicants will be interviewed. Includes one trip per week. Transportation included in tuition price.								

YMCA CAMP TOPANEMUS REGISTRATION 2010

LAST NAME _____

EXTENDED CAMP CARE	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Finale Week
Freehold and Old Bridge YMCA Extended Care Includes Bus Transportation to and from Camp									
Freehold or Old Bridge YMCA Before & After Camp	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115
Before Camp Only 7:00 am – 9:00 am	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
After Camp Only 4:00 pm – 6:30 pm	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Camp Topanemus Before & After Camp	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Before Camp Only 7:00 am – 9:00 am	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
After Camp Only 4:00 pm – 6:30 pm	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40



BUS TRANSPORTATION \$50.00 / Week	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Please Circle Weeks for Busing	June 28 - July 2	July 5 - July 9	July 12 - July 16	July 19 - July 23	July 26 - July 30	Aug 2 - Aug 6	Aug 9 - Aug 13	Aug 16 - Aug 20

My camper will be transported by: Parent Bus: Route # _____ Stop # _____

Finale Week August 23—August 27 \$269	Freehold YMCA Shuttle Bus \$50 <input type="checkbox"/>	Parent Transport <input type="checkbox"/>
	Extended Care Freehold YMCA \$65 AM <input type="checkbox"/> \$65 PM <input type="checkbox"/> \$115 BOTH <input type="checkbox"/>	
	Extended Care Old Bridge YMCA \$65 AM <input type="checkbox"/> \$65 PM <input type="checkbox"/> \$115 BOTH <input type="checkbox"/>	
	Extended Care Camp \$40 AM <input type="checkbox"/> \$40 PM <input type="checkbox"/> \$75 BOTH <input type="checkbox"/>	

NEW FOR 2010 ———> PAYMENT INFORMATION

A **\$25.00** per week, per camper, non-refundable deposit is necessary to hold a spot for your child. You must have a valid YMCA of Western Monmouth County membership to participate in camp. A valid credit card must be on file in order to register for camp. If your camper incurs any incidental charges during the camp season, (lunch, canteen, etc.) we have the right to charge your credit card for any and all such expenses. **Tuition balances are due two weeks before your camper attends camp.**

Week #	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Balance Due	June 14	June 21	June 28	July 5	July 12	July 19	July 26	Aug 2

- I elect to pay in full upon registration.
- I elect to leave a deposit in the amount of \$ _____. I am aware that my credit card will be charged for the balance due of \$ _____ two weeks prior to my camper's attendance.
- I need a YMCA of Western Monmouth County membership. Program Family
- I am renewing my YMCA of Western Monmouth County membership. Program Family
- I have a valid membership for the YMCA of Western Monmouth County.
The expiration date is _____.
- I would like to apply for a Payment Plan.
- I am interested in participating in Work Camp.
- I would like my child to be placed with the following camper(s): _____

Method of Payment: Check Cash Visa Master Card American Express Discover

Card Number _____ Expiration Date _____ Security Code _____

I have read and agree to the terms of payment and understand the refund policy. I understand that my credit card will be charged for any or all unpaid balances two weeks prior to my camper's attendance.

Signed

Date

YMCA Camp Topanemus

Responsible Camper Conduct Agreement

This form must be completed for each camper. Each camper must sign his or her own name.

The YMCA seeks to provide fun, safe and satisfying experiences for everyone. It is our policy that you, the camper, in turn accept responsibility for your own personal conduct. Specifically, you must agree to abide by the following rules:

1. I agree not to bring with me:
 - Any items which are considered inappropriate, or contribute to vandalism/graffiti.
 - Weapons of any kind
2. I will respect my fellow campers and counselors
3. I will stay with my group at all times.
4. I will cooperate with staff and participate in camp activities.
5. I will wear appropriate attire, based upon the Director's discretion, at all time.
6. I will not borrow without asking.
7. I understand if I break any of the above rules, the YMCA will notify my parents, and send me home immediately.
8. I also understand that my parents will be expected to pick me up, and that no fee refund will be issued.
9. I will not use my mobile phone during camp, and if I have to bring it with me I will leave it turned off and in my bag out of site at all times.

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

Camper

Date

Parent

Date

YMCA Camp Topanemus

Bullying Policy Agreement

This form must be completed for each camper. Each camper must sign his or her own name.

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 maybe 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 and 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 Camp Director. If the problem persists the YMCA of Western Monmouth County may remove the camper who has committed the act or acts of bullying from camp.

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

Camper _____ Date _____

Parent _____ Date _____

YMCA Camp Topanemus Photograph Release

Camper's Name: _____ Date: _____

YMCA Name: YMCA Camp Topanemus, YMCA of Western Monmouth County

The YMCA of Western Monmouth County, Camp Topanemus has my permission to involve my child in photos and the YMCA / Camp website for publicity purposes.

_____ YES

_____ NO

Parent / Guardian Signature

Date

YMCA CAMP TOPANEMUS HEALTH HISTORY FORM FOR CAMPERS

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

FAMILY INFORMATION:

Camper's Name: _____ Birth Date: _____ Age: ____

Last Name *First Name* *Middle Initial*

Home Address: _____

Street Address *City* *State* *Zip*

Gender: Male _____ Female _____

Parent One: Name: _____ Phone: _____ Work: _____

Home Address: _____ Cell: _____

Parent Two: Name: _____ Phone: _____ Work : _____

Home Address: _____ Cell: _____

INFORMATION:

Doctors Name: _____ Phone #: _____

City/State: _____

Insurance Carrier: _____ Policy #: _____

PARENT AUTHORIZATION

This Health History is correct and complete. The camper described in this form has permission to engage in all camp activities unless otherwise noted. I hereby grant permission to YMCA Camp Topanemus to provide routine health care, administer prescribed medications and seek emergency medical treatment if necessary. In the even that I cannot be reached in an emergency, I hereby grant permission to YMC Camp Topanemus to secure and administer treatment.

Signature of Parent or Guardian: _____

Date: _____

THIS SECTION TO BE COMPLETED BY A PRIVATE LICENSED PHYSICIAN ONLY:

Please Print

MEDICATION PERMISSION FORM

I hereby request the following medication to be given to my child at the prescribed time and dosage by the camp's Registered Nurse. This applies to over the counter medications also. No medication will be given unless information below is filled out in detail and signed by a licensed physician. All medication is to be brought to camp in the original container labeled by the pharmacy. Medications must be delivered to the camp office by an adult. All medications will be kept in a locked storage area. Medications will be returned only to the parent.

Medication 1: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____

Medication 2: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____

Medication 3: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____

Physician's signature: _____ Printed Name: _____ Date: _____

Parent's Signature: _____ Printed Name: _____ Date: _____

Please Identify any medications taken during the school year that your camper does / may not take during the summer:

YMCA CAMP TOPANEMUS HEALTH HISTORY FORM FOR CAMPERS (cont'd)

Please list all known allergies:

Please list any behavioral concerns:

Are there any medical issues or restrictions where the camper would be exempt from any camp activity?

Which of the following has the participant had?	Please give all dates of immunization for:	Mo/Yr 1st dose	Mo/Yr 2nd dose	Mo/Yr 3rd dose	Mo/Yr 4th dose	Mo/Yr 5th dose	Mo/Yr
Measles	DTP						
Chicken Pox	TD (tetanus/diphtheria)						
<input type="checkbox"/> German Measles	Tetanus						
<input type="checkbox"/> Mumps	Polio						
<input type="checkbox"/> Hepatitis A	M M R						
<input type="checkbox"/> Hepatitis B	or Measles						
<input type="checkbox"/> Hepatitis C	or Mumps						
<input type="checkbox"/> Mantoux Test	or Rubella						
Date of Last Test _____	Haemophilus influenza B						
Result: Negative Posi- tive	Hepatitis B						
	Varicella (chicken pox)						

Immunization chart can be filled out by parent or a photocopy may be submitted.

YMCA CAMP TOPANEMUS CHILD PICK-UP POLICY

This form must be completed for each camper at the time of registration.

Parents must be listed in order for children to be released to them. Please specify, if you are authorizing additional individual (s) to pick-up your child at their designated bus stop, at camp or both. All persons picking up campers must be at least 18 years of age or older. Additional authorized pick-up's may be provided in writing, once the camp season has begun.

Please note, YMCA Camp Topanemus and YMCA of Western Monmouth County staff are not permitted to transport campers to and from camp.

Parent One: _____ Parent Two: _____

Authorized Person (s) for Pick-Up

The following individuals are authorized to pick up my camper in my absence:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Unauthorized Person (s) for Pick-Up _____ A copy of a court order is enclosed

Please notify the Camp Director in writing if there is someone who should not be allowed to pick-up you child. If a family member is not permitted to pick-up you camper, **a copy of the court order must be forwarded to the Camp Director's attention.** The following are legally unable to pick up my child.

Name: _____ Relationship: _____

AUTHORIZATION TO WALK HOME FROM BUS STOP

I, _____ give ___ do not ___ give my son/daughter _____
Parent's Name *Camper's Name*

permission to walk home from his/her designated bus stop. I understand that if my child is under the age of ten (10) that a parent, legal guardian or designated authorized pick-up **MUST** be at the bus stop 15 minutes prior to the bus's scheduled return time.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

THE YMCA OF WESTERN MONMOUTH COUNTY

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledged, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment of participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA of participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence or releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Date

Parent/Guardian Signature

Print Name

Address

Phone

Emergency Contact

Phone