January 2016

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. We will continue to offer an option to register for TGA Premier Golf and Tennis lessons!

Please join us at one of our scheduled open houses all of which will be held at Camp Ma-Kee-Ya located at 600 Darlington Ave. Mahwah, NJ (Upper Lake) from 12pm to 3pm on: **Saturday, March 12th, Saturday, April 2nd & Saturday, May 21st**

**Summer 2016 Incentives:**

- **Early Bird Discount:** Register by March 31st and receive a discounted rate for Camp Ma-Kee-Ya of $335 per week or $275 per week for Camp Orinda (no minimum number of weeks required (sibling discount does not apply).

- **Register your child for all 8 weeks or more and pay in full by May 31, 2016 and receive a discounted rate for Camp Ma-Kee-Ya of $325 per week or $270 per week for Camp Orinda (sibling discount still applies).**

**Registration is easy as 1, 2, 3!**

1. Complete a packet.
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 will incur a $50 late registration fee.

Please feel free to contact us at (201) 444-5600 ext. 352 or visit our website at [www.ywcabergencounty.org](http://www.ywcabergencounty.org) for details. We look forward to a fun and exciting summer and providing your child with a memorable camp experience.

Sincerely,

**Erica Bixby**
Erica Bixby, Manager School Age Programs
Youth Services Department

**Brian Scanlon**
Brian Scanlon, Manager School Age Programs
Youth Services Department
Camp Registration - Summer 2016

☐ New camper  ☐ Returning camper  ☐ Orinda  ☐ Ma-Kee-Ya

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: ___________________________


To better serve you in the future, we would like to know how you heard about our camps?
Please select one of the options listed:
☐ Email  ☐ Camp Fair  ☐ Events  ☐ After/Before School Programs
☐ Internet  ☐ Newspaper  ☐ Magazine  ☐ Friend/Family  ☐ Member
☐ Open House  ☐ Other________________________
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.

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

____________________________________  ______ _______________________
Signature of Parent / Guardian          Date
ywca payment page

Camper’s name: ____________________________

Please circle your choices.

<table>
<thead>
<tr>
<th>Membership per child</th>
<th>$50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration fee per application</td>
<td>$45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Camp Ma-Kee-Ya (Mahwah)</th>
<th>Camp Orinda (Dumont)</th>
<th>Pre-camp per child</th>
<th>Post-camp per child</th>
<th>TGA premier golf</th>
<th>TGA premier tennis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st child / each add’l child</td>
<td>1st child / each add’l child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 1 6/27 – 7/1</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 2 7/5 – 7/8 (closed 7/4)</td>
<td>$290 / $265</td>
<td>$250 / $225</td>
<td>$40</td>
<td>$45</td>
<td></td>
</tr>
<tr>
<td>Week 3 7/11 – 7/15</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 4 7/18 – 7/22</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 5 7/25 – 7/29</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 6 8/1 – 8/5</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 7 8/8 – 8/12</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 8 8/15 – 8/19</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Week 9 8/22 – 8/26</td>
<td>$360 / $335</td>
<td>$300 / $275</td>
<td>$50</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td>Sub-totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discount does not include registration/membership fees, pre/post-camp or TGA golf/tennis.

Please indicate am/pm bus stops for Camp Ma-Kee-Ya registrants.

<table>
<thead>
<tr>
<th>Bus stop for Camp Ma-Kee-Ya</th>
<th>Camp Orinda (Dumont)</th>
<th>YWCA (Ridgewood)</th>
<th>Wandell School (Saddle River)</th>
<th>Brookside School (Westwood)</th>
<th>Christ Lutheran Church (Woodcliff Lake)</th>
<th>Mackay Park (Englewood)</th>
<th>Mahwah High School (Mahwah)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

PAYMENT

☐ Check – make payable to YWCA Summer Camp – 112 Oak Street, Ridgewood, NJ 07450

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

☐ Credit Card

Type of Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

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 School Age Program to charge my credit card for my child’s summer camp tuition.

Signature: ______________________________________ Date: ______________________

Membership, registration and weekly fees are non-refundable - $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 Parents Name: ___________________________________

Parents Signature: ________________________________   Date: ______________________

Child’s Name: _____________________________________
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.

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

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

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

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

- 6 -
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 public relations and/or marketing purposes*.

☐ Yes, you have permission to use my or my child’s photo/video for the following:

(Please check all appropriate boxes below)

☐ Flyers & Brochures
☐ Website
☐ Facebook
☐ Internal Displays
☐ Newsletters/Annual Report
☐ Newspaper Advertising
☐ Community Events/Displays

☐ No, you do not have my permission.

Date: ______________________________

Adult/Parent Name: _____________________________________________________

Child’s Name: _________________________________________________________

Home Address: ________________________________________________________

City: ____________________________________ State: _______ Zip: _____________

Telephone No: _________________________________________________________

Email: ________________________________________________________________

Signature: _____________________________________________________________

Site: __________________ Camp: ________________ Program: __________________

*Your consent gives the YWCA Bergen County permission to use any photo for two years from the above date.