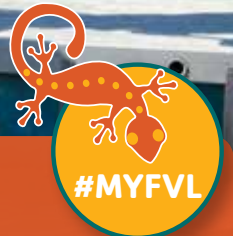




2019 BLUE MOUNTAIN DAY CAMP

Fairview Lake YMCA Camps Registration Form



**REGISTER
ONLINE**
FairviewLakeYMCA.org/registernow

BEST SUMMER EVER

Bus Transportation Available.



FairviewLakeYMCA.org/BMDC



2019 Registration Form – Blue Mountain Day Camp

One form per child, please print – **MUST be completed and returned to:** Fairview Lake YMCA Camps, 1035 Fairview Lake Road, Newton, NJ 07860
or **Fax to:** 973 383 6386

CAMPER INFORMATION (Required)

1

CAMPER NAME

First _____

Last _____

Home Phone _____

Date of Birth _____ Gender: _____

Age as of 7/1/19 _____ Grade as of 9/1/19 _____

Home Address _____

City/Zip _____

PARENT/GUARDIAN (1)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

Primary E-mail (Required) _____

Secondary E-mail _____

Address (if different than above) _____

City/Zip _____

Address (if different than above) _____

City/Zip _____

Address (if different than above) _____

PARENT/GUARDIAN (2)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

E-mail is our primary method of communicating camp information, schedules and any possible last minute changes throughout the summer. Contact our office immediately if you do not receive our weekly newsletters. Please refer to our website for the overall Camp Information and Parent Handbook. Early Registration is recommended. **In order to ensure the safety of all children and the appropriate staffing ratios, a completed registration form along with payment must be received at the registration office by noon Wednesday for participation in the following week.** If the session is full, you will be placed on a waiting list.

EMERGENCY NOTIFICATION INFO (Required)

In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. Photo ID required.

1. Name _____

Phone # _____ Relation _____

2. Name _____

Phone # _____ Relation _____

ALTERNATE PICK UP INFORMATION

Please list two additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name _____

Phone # _____ Relation _____

2. Name _____

Phone # _____ Relation _____

HEALTH HISTORY (Required)

2

List any current allergies: _____

List any current dietary restrictions: _____

List any current or past medical treatment that would affect your child's day at camp: _____

List any activities your child should be restricted from: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

List any current medications (prescription and over the counter): _____

Reasons for the above medications: _____

Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents and doctor on a permission to medicate form. Example: Epi pen must be in original container. Campers may not carry medication at any time.

CURRENT IMMUNIZATIONS (Required)

Vaccinations are required by the NJ Department of Health prior to camp attendance. (Check One)

I attest, by my signature following this statement, that all immunizations required by the NJ Department of Health for my child's participation in camp are up to date and that my child has a current DTap shot with the month and year stated below.

Or, I attest that I have signed and provided to the Y a waiver exempting my child from vaccination due to religious or other reasons.

Date of last DTap shot: Month _____ Year _____

Your child's medical insurance carrier: _____

Group Policy #: _____

Name of Physician: _____

Phone #: _____

Name of Dentist: _____

Phone #: _____

Permission to Treat: Informed Consent – By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

 **Signature (Required)**

2019 Registration Form - Blue Mountain Day Camp

CAMPER NAME: _____

GENDER: _____

3

SESSION	Session 1		Session 2		Session 3		Session 4		Session 5		TOTAL
CAMP DATES	Week 1 6/24-6/28	Week 2 7/1-7/5	Week 3 7/8-7/12	Week 4 7/15-7/19	Week 5 7/22-7/26	Week 6 7/29-8/2	Week 7 8/5-8/9	Week 8 8/12-8/16	Week 9 8/19-8/23	Week 10 8/26-8/30	
TRIPS		Camel Beach				Fair	Camel Beach				
Bus Transportation	<input type="radio"/> \$587*		<input type="radio"/> \$587		<input type="radio"/> \$607**		<input type="radio"/> \$599		<input type="radio"/> \$587		
NO Bus Transportation	<input type="radio"/> \$484*		<input type="radio"/> \$484		<input type="radio"/> \$504**		<input type="radio"/> \$499		<input type="radio"/> \$484		
Bus Transportation	<input type="radio"/> \$321	<input type="radio"/> \$321*	<input type="radio"/> \$321	<input type="radio"/> \$321	<input type="radio"/> \$321	<input type="radio"/> \$341**	<input type="radio"/> \$341	<input type="radio"/> \$321	<input type="radio"/> \$321	<input type="radio"/> \$321	
NO Bus Transportation	<input type="radio"/> \$269	<input type="radio"/> \$269*	<input type="radio"/> \$269	<input type="radio"/> \$269	<input type="radio"/> \$269	<input type="radio"/> \$289**	<input type="radio"/> \$289	<input type="radio"/> \$269	<input type="radio"/> \$269	<input type="radio"/> \$269	

Print bus location to be picked up at (Call camp for the nearest bus stop location): _____

SPECIALTY CAMPS	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	
NEW! Ranch Camp (Entering Grades 4-9)	<input type="radio"/> \$375	<input type="radio"/> \$375*	Bus Transportation						<input type="radio"/> \$375		
	<input type="radio"/> \$325	<input type="radio"/> \$325*	No Bus Transportation						<input type="radio"/> \$325		
Counselor-In-Training (CIT) (Must be 15+ years old)			<input type="radio"/> \$824 (Bus Transportation)								
			<input type="radio"/> \$674 (No Bus Transportation)								
ADD ON PROGRAMS	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	
Horseback Riding (Pathfinders and Pioneers Only)	<input type="radio"/> \$145		<input type="radio"/> \$145	<input type="radio"/> \$145	<input type="radio"/> \$145				<input type="radio"/> \$145		
Before Care 7:30-8:30am (Drop off Only)	<input type="radio"/> \$29	<input type="radio"/> \$23*	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	
After Care 5:00-6:00pm (Pick Up Only)	<input type="radio"/> \$29	<input type="radio"/> \$23*	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	<input type="radio"/> \$29	

*No camp July 4th, **Includes \$20 in spending money for the Fair

Totals:

Camper Friend Name (One request per camper - both campers must request each other.) _____

PAY IN FULL DISCOUNT

Register for all 10 weeks and pay in full by May 1, 2019 to save \$110 with bus transportation or save \$50 without bus transportation.

4 PAYMENT SUMMARY

PAYMENT OPTION	EASY PAYMENT PLAN/PAYMENT			
	CASH	CHECK*	CREDIT	
Total Camp Tuition	\$			<input type="radio"/> Authorization for EASY PAYMENT PLAN (credit card only): Five equal credit card payments on the 15th of each month, starting February 16, 2019 to June 19, 2019. Contact the camp office for options. <input type="radio"/> I authorize you to charge my balance due to my credit card on May 16, 2019. <input type="radio"/> Credit Card #: _____ Exp. Date: _____ CCV#: _____ Name on Card (Print): _____
<input type="radio"/> Afternoon Snack Package: \$10 per week	+	\$	<input type="radio"/>	
YMCA Membership Fee: \$50 per child Required of all campers. Must be a current member through 9/1/19	+	\$	<input type="radio"/>	
Give the gift of camp! (Donate to the Camp Assistance Fund)	+	\$	<input type="radio"/>	
Deposit DUE AT REGISTRATION (\$100 per session of camp)	-	\$	<input type="radio"/>	
Camp Balance (Minus Deposit) All Fees must be paid in full by June 1, 2019	=	\$	<input type="radio"/>	
<input type="radio"/> Sibling Discount (Camp fee only) 10% discount applied to additional siblings in camp at the lowest rate.			<input type="radio"/>	SIGNATURE: _____

*Make check payable to Fairview Lake YMCA Camps.

Rules for Acceptance and Participation in Camp

Rules are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp — without refund.

Current Membership and a \$100 Deposit per session are required upon registration

The registration deposit fee is applied to the total camp bill.

Refund Policy

Deposit fees are non-refundable and non-transferable. It is understood that in the case of dismissal or voluntary withdrawal, **There are NO Refunds of Camp FEES after May 16, 2019.** If it is deemed advisable to dismiss a camper for medical reason, one-half of the unused portions of the session(s) will be refunded.

Discipline Policy

Parents/Guardians shall review and reinforce the camper conduct and other camp policies with the camper prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement help children to understand acceptable and appropriate behaviors. Campers not following the conduct policy may be suspended or expelled from camp without a refund.

Other Fees

\$35 for registration changes after June 1, 2019. **All requested changes must be submitted in writing.**

\$50 for late payments. \$35 for returned checks.

Additional Fees may include a late pick-up fee of \$15 per 15-minute interval starting from your child's scheduled pick up time.

Permissions

Photography/Video Policy

The Y has my permission to use any and all photographs/videos taken of my child in camp activities in Y publicity. The YMCA values the privacy of its members.

I do not wish my child to be photographed at camp.

I agree that certain activities of the YMCA have risk which are inherent to the activity. Since most members and participants have health and accident insurance, the cost of additional insurance has not been included in membership or program fees. I agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. This permission is granted to the Metropolitan YMCA of the Oranges. I agree to place him/her in care of the camp, subject to all its rules and regulations. As required by New Jersey State Law, I give permission for my child to handle and fire a rifle and/or bow and arrow, and to participate in out-of-camp trips.

 **Parent/Guardian Signature (Required):** _____

Date: _____