



YMCA OF MEWSA

2024 SUMMER CAMP REGISTRATION FORM

One form per child, please print clearly. **MUST** be completed and returned to the Camp of your choosing. Please note that registration is not complete, and children will not be permitted to attend camp until required documentation and forms are received. Once registered, parents/guardians will receive additional forms.

CAMPER

FIRST NAME _____ LAST NAME _____

☐ MALE ☐ FEMALE ☐ NON-BINARY PRONOUNS ☐ HE/HIS ☐ SHE/HER ☐ THEY/THEM ☐ OTHER _____

RACE/ETHNICITY ☐ ASIAN/PACIFIC ISLANDER ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/LATINO ☐ NATIVE AMERICAN
(OPTIONAL) ☐ WHITE/CAUCASIAN ☐ BI/MULTI-RACIAL ☐ OTHER _____

DATE OF BIRTH ____/____/____ GRADE IN SEPTEMBER 2024 _____ SHIRT SIZE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ (PLEASE SPECIFY YOUTH OR ADULT SIZE)

ALL TRADITIONAL CAMPS OFFER A 3 OR 5 DAY OPTION. SPECIALTY CAMPS ARE ONLY OFFERED AT A 5 DAY OPTION. IF SELECTING 3 DAYS, PLEASE INDICATE WHICH DAYS THEY'LL ATTEND (I.E. MWF) _____

PARENT/GUARDIAN 1

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH ____/____/____ (IF DIFFERENT FROM ABOVE) PRIMARY EMAIL _____ PRIMARY PHONE _____

PARENT/GUARDIAN 2

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH ____/____/____ (IF DIFFERENT FROM ABOVE) PRIMARY EMAIL _____ PRIMARY PHONE _____

See page 2 for more information to select weeks, camp locations and offerings.

WEEKS	TRADITIONAL CAMPS				SPECIALTY CAMPS		DAYS	
	MUNSEE (K-6)	OAKCREST (K-8)	SAY (K-8)	LENAPE (K-6)	TRAVEL CAMP (4-8)	OAK TREE (K-8)	5 DAYS	3 DAYS
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WEEK 10 UNAVAILABLE	<input type="radio"/>	<input type="radio"/>
EXTENDED CARE OFFERINGS								
<input type="radio"/> Yes, I'd like to learn more about Before and/or After Care offerings.								

FINANCIAL AID/STATE SUBSIDY (PLEASE CHECK ONLY IF APPLICABLE)

- ☐ I am applying for Financial Assistance from the Y (separate form & documentation required)
- ☐ A 3rd Party (Community Childcare Solutions, Community Coordinated Childcare, etc.) is paying for camp (3rd party agreement is required to register).
- Subsidy registrations must be done in-house. Call your selected YMCA to learn more.



YMCA OF MEWSA

2024 SUMMER CAMP DATES & DETAILS

The YMCA of MEWSA is a leading provider of quality day camps in Middlesex County, NJ. We pride ourselves on the quality character and caliber of our well-trained camp staff. Our directors and counselors are not only skilled, but each has a sincere and specific desire to work with, support and guide children.

CAMP WEEKS *Closed July 4, 2024									
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
YMCA OF MEWSA LOCATIONS									
MUNSEE METUCHEN YMCA 65 HIGH ST. METUCHEN, NJ			SAY SOUTH AMBOY YMCA 200 JOHN T. O'LEARY BLVD. SOUTH AMBOY, NJ			DISCOVER TRAVEL CAMP METUCHEN YMCA 65 HIGH ST. METUCHEN, NJ			
OAKCREST OAKCREST COMMUNITY POOL 970 INMAN AVE. EDISON, NJ			LENAPE YMCA AT THE PISCATAWAY COMMUNITY CENTER 520 HOES LN. PISCATAWAY, NJ			OAK TREE EDISON YMCA 1775 OAK TREE RD. EDISON, NJ			
CAMP SCHEDULES									
MUNSEE WEEKS 1-10			SAY WEEKS 1-10			DISCOVER TRAVEL CAMP WEEKS 2-9			
OAKCREST WEEKS 1-10			LENAPE WEEKS 1-10			OAK TREE WEEKS 1-9			
YMCA OF MEWSA TRADITIONAL CAMP RATES					YMCA OF MEWSA SPECIALTY CAMP RATES				
MEWSA MEMBER 3 DAY RATE: \$249 MEWSA MEMBER 5 DAY RATE: \$305 PROGRAM MEMBER/NON-MEMBER 3 DAY RATE: \$271 PROGRAM MEMBER/NON-MEMBER 5 DAY RATE: \$336					MEWSA MEMBER 5 DAY RATE: \$430 PROGRAM MEMBER/NON-MEMBER 5 DAY RATE: \$445				
CAMP MUNSEE SPORTS CAMP ADD-ON									
<div><input type="radio"/> YES, MY CHILD WOULD LIKE TO PARTICIPATE IN THE SPORTS PROGRAM WHILE ATTENDING CAMP MUNSEE (\$60 PER WEEK)</div> <div>Only available for Camp Munsee participants. Contact marcus.farris@ymcaofmewsa.org to learn more</div>									

PAYMENT OPTIONS

I, _____, give the YMCA of MEWSA authority to charge my credit card on file for camp payments when they are due. I can terminate this agreement by contacting the office. After a written cancellation notice is received, the YMCA agrees to end the camp pre-authorized charges against my account. In the event of any changes or to cancel, I agree to notify the YMCA immediately.

Parent/Guardian Signature _____ Date _____

I/We would like to help another family in need of child care with a monthly donation that can be canceled or changed at any time. Donation will be charged on the first of the month.

☐ \$40 ☐ \$25 ☐ \$10 ☐ \$5 ☐ \$_____



YMCA OF MEWSA

2024 SUMMER CAMP HEALTH HISTORY FORM

This section *must* be completed by a parent/guardian OR the child's primary physician.

CHILD'S HEALTH HISTORY

Allergies _____ Treatment: _____

Allergies _____ Treatment: _____

Allergies: _____ Treatment: _____

Dietary modifications _____

Disabilities _____

Chronic/recurring illnesses _____

Current medications _____

Activity limitations _____

Any other known physical or mental conditions _____

Name of Physician _____ Phone () _____

Physician's address _____

Date of last physical examination _____

Is there anything else we should know about your child to provide your family with the best service possible?

The Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. _____ *initial*

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child as named above. This form may be photocopied.

Signature of Parent/Guardian

Date

**IF YOUR CHILD IS ATTENDING CAMP MUNSEE, CAMP OAKCREST, CAMP SAY OR CAMP LENAPE,
THIS FORM MUST BE NOTARIZED**

State of _____

County of _____

Subscribed and sworn to before me
on _____, 20__ by

(Applicant's name)

Notary Signature

Date

My Commission Expires:

Date

NOTARY PLACE STAMP HERE



YMCA OF MEWSA
2024 SUMMER CAMP
MEDICATION TREATMENT
& AUTHORIZATION FORM

PLEASE NOTE: EVEN IF YOUR CHILD DOES NOT NEED TO BE ADMINISTERED MEDICATION, PLEASE SIGN BELOW THAT YOU HAVE READ AND RECEIVED THIS INFORMATION. THANK YOU!

Medication/Treatment Authorization

State licensing requirements permit day camp facilities to administer medications under the following guidelines:

1. All medications shall be administered only on the written approval of a parent/guardian.
2. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician.
3. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician. **Over the counter medications will be administered only with a medical doctor's written orders.**

Please provide the following information:

Child's Name: _____

Medical Problem(s): _____

Is the problem chronic or ongoing? ☐ YES ☐ NO

Name of Medication: _____ Amount: _____

Method of Administration: _____

Times/Frequency: _____ Dosage: _____ Dates of Administration: _____

Parent/Guardian Signature _____ Date _____

IF YOUR CHILD DOES NOT REQUIRE MEDICATION, PLEASE READ AND SIGN BELOW

I hereby acknowledge that my child **DOES NOT** need to be administered any medications at this time.

PARENT SIGNATURE _____ **DATE** _____



YMCA OF MEWSA

**2024 SUMMER CAMP
PARENT WAIVER**

I grant permission and authorization to YMCA of MEWSA Camp for the following:

_____, I, _____ the parent/guardian of _____, give
(initial) permission for my child to participate in YMCA CAMP programs, including any trips taken during the camp day. I understand that transportation will be provided by school bus.

_____, I further acknowledge and am aware that these activities may involve inherent risks and that I
(initial) assume, for my child, whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities.

_____, Prescription medication will be given to my child by the staff at specific times scheduled by the
(initial) camp. I understand that I must sign a statement for each illness, giving the camp specific instructions and permissions.

_____, An accident or sudden illness to my child will be treated on the premises of the YMCA
(initial) CAMP by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from the YMCA CAMP to a designated place determined by me.

_____, Emergency treatment for my child will be obtained in my absence by the Camp Director
(initial) and/or staff and its agent or whatever kind is deemed necessary and in his/her/their best interest to protect the life, health and well-being of said child.

_____, Immunization records, a healthy history form and a pick-up authorization form are
(initial) required to attend. These are due *one week* prior to the camper's first week of camp.

_____, I understand that any cost of service is not reimbursable by insurance coverage shall be the
(initial) responsibility of the parent/guardian.

_____, Transportation by any necessary means to obtain such medical care or assistance for my
(initial) child, as circumstances may require in the discretion of the YMCA CAMP staff, its employees or agents, is hereby authorized.

_____, If on a trip, I further authorize and give consent to any rescue squad or emergency
(initial) assistance personnel and/or closest medical facility personnel to render transportation and or medical care as seemed necessary in their discretion and in the best interest of the life, health and well-being of my child.

_____, I understand that YMCA CAMP shall provide appropriate chaperones on all trips, as well as the
(initial) above mentioned transportation. Prior notice will be given whenever possible.

_____, I have read and understand the YMCA CAMP Registration Procedures, Payment Procedures and
(initial) Parent Handbook and will follow them.

During the summer of 2024, the following people are authorized to pick up my child/children. Please have a photo I.D. ready at the time of pickup. The state of New Jersey requires at least two individuals.

1. Name _____ Relationship _____ Phone () _____

2. Name _____ Relationship _____ Phone () _____

3. Name _____ Relationship _____ Phone () _____

4. Name _____ Relationship _____ Phone () _____

Parent/Guardian's Signature _____ Date _____



YMCA OF MEWSA

**2024 SUMMER CAMP
PHOTO RELEASE**

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by YMCA of MEWSA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____ **Date:** _____

Printed Name: _____ **Age:** _____

Address: _____

I am the parent or legal guardian of (_____).

(CHILD'S NAME)

I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



YMCA OF MEWSA

2024 SUMMER CAMP ESSENTIAL INFORMATION

HOW TO REGISTER

Visit ymcaofmews.org to make your deposits or visit a YMCA location for assistance with the registration process.

REGISTRATION PROCEDURES

Medical forms must be completed and submitted to the camp no later than 1 week prior to your child's first day of camp. NJ law requires that a health form for each child be on file at the camp. Any child that does not have completed forms will not be able to attend camp.

The completed packet:

- Registration form(s)
- Parent waiver
- Photo release form (optional)
- Health history form (notarized if camp requires, see pg. 3)
- Medication and authorized permission form
- Signed parent code of conduct
- Copy of immunization records from doctor
- A non-refundable \$50 deposit is due for each child, each week at time of registration
- Non-members are required to pay a one time \$50 fee at time of registration

CAMP DISCOUNTS

- An early bird discount of 10% will be extended to all registrations received prior to April 15, 2024
- 10% discount is applicable for siblings enrolled simultaneously in a Full-Time* YMCA of MEWSA Camp and/or Child Care program

*Full-time is any child registered for 5 days a week

PAYMENTS

Camp payments are due:

- Weeks 1 – 3 are due on or before June 1, 2024
- Weeks 4 – 6 are due on or before July 1, 2024
- Weeks 7 – 9 are due on or before August 1, 2024

Payments can be made by credit card draft, bank draft (not available for Oak Tree or Oakcrest), cash or check payable to "YMCA." All major credit cards are accepted. EZ Pay options will be assessed on payment due dates.

A \$50 deposit is due for each child each week at the time of registration.

All changes and cancellations must be made at least 7 days prior to the camp week's start date. All changes and cancellations will include a \$20 change fee as of June 1st. All deposits are non-refundable. No other refund will be given after June 1st. All deposit(s) will transfer to the new week(s) or be given as a system credit. Refunds will be issued for group or camp closure due to COVID-19 or illness with a doctor's note.