



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING

# Registration Form – Camp Lenape

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in fall of 2020: \_\_\_\_\_ Shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large  
☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

Parent #1 Full Name: \_\_\_\_\_

Parent #1 Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #1 Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent #2 Full Name: \_\_\_\_\_

Parent #2 Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #2 Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If your child will be attending camp on specific days, please indicate days (e.g., M-W-F) \_\_\_\_\_

Does your child have any special needs that we should know about to provide you with the best service possible?

Please check off the camp weeks for which you are registering. The shaded weeks are not available. **Please note: A \$50 deposit is required for each week. Camp deposits are not refundable after June 1, 2020. Changes made after June 1, 2020 will incur a \$10 change fee for each week of camp changed.** All camp fees are non-refundable after the balance is due for a camp week. Camp fees must be paid as listed in the published pay schedule or will be subject to a \$20 late fee. Make checks payable to Metuchen Y. Visa, MasterCard, American Express and Discover are accepted.

Camp Weeks & Dates	Week 1 6/22-6/26	Week 2 6/29-7/3	Week 3 7/6-7/10	Week 4 7/13-7/17	Week 5 7/20-7/24	Week 6 7/27-7/31	Week 7 8/3-8/7	Week 8 8/10-8/14	Week 9 8/17-8/21	Week 10 8/24-8/28
Traditional	Best Summer Ever	Hooray for the U.S.A.	Let's Go Green	Color Wars	Sports of all Sorts	Camp Lenape Olympics	All Around The World	Make A Splash	Carnival Craze	Finale of Fun
Swim Lessons										
<b>Before &amp; After Care</b>										
Before Care										
After Care										
Before/After Care Combo										

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## 2020 CAMP LENAPE FEES

### TRADITIONAL CAMP

8:00AM-5:00PM

	Family/Program/Non Member
Full Week	\$276
4 Day	\$251
3 Day	\$228
Camp Daily Fee	\$100
Swim Lessons	\$42

### BEFORE/AFTER CARE

	Family/ Program/Non Member
Before Care - 7:00am - 8:00am	\$37
After Care- 5:00pm - 6:30pm	\$43
Before/After Care - 7:00am – 6:30pm	\$62
Daily Rate (Before or After Care)	\$20

For more information contact:

[CampLenape@ymcaofmews.org](mailto:CampLenape@ymcaofmews.org)

There will be a \$20/week early bird discount for registrations on or before June 1, 2020. **Camp Lenape: Piscataway NJ**

# 2020 Camp Lenape Permission/Authorization

(Please read, sign and/or initial where requested)

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give permission for my child to participate in Camp Lenape 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 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. \_\_\_\_\_  
initial

I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at Camp Lenape as an individual or part of a group, with or without text in Y publications. \_\_\_\_\_  
initial

## I grant permission and authorize Camp Lenape for the following:

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

An accident or sudden illness to my child will be treated on the premises of Camp Lenape 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 Camp Lenape to a designated place determined by me. \_\_\_\_\_  
initial

Emergency treatment for my child will be obtained in my absence by the Camp Director and/or staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. \_\_\_\_\_  
initial

Immunization records, a Y health form and a permission authorization form are required to attend. \_\_\_\_\_  
initial

I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. \_\_\_\_\_  
initial

Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require in the discretion of the Camp Lenape staff, its employees or agents, is hereby authorized. \_\_\_\_\_  
initial

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

I understand that Camp Lenape shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. \_\_\_\_\_  
initial

I give permission for the YMCA camp staff to apply sunscreen to my child. \_\_\_\_\_  
initial

I have read and understand Camp Lenape Registration Procedures, Payment Procedures and Cancellation Policy and will follow them. \_\_\_\_\_  
initial

## During the summer of 2020, the following primary people will routinely pick up my child/children (will be placed on sign-out list for daily pick-up). Please have a photo I.D. ready at the time of pickup.

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_

## The following people are also authorized to pick up my child/children in my absence:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## EZPAY

I, \_\_\_\_\_ give the YMCA authority to charge my credit card on file with YMCA for camp payments: weeks 1-4 due on

May 1, weeks 5-8 due on June 1, weeks 9-10 due on July 1. I can terminate this agreement by filling out a cancellation form. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_