

# CAMP SAY LEADERSHIP IN TRAINING CAMP REGISTRATION FORM

SOUTH AMBOY YMCA  
200 John T. O'Leary Blvd.  
South Amboy, NJ 08879

SUMMER 2022 (Ages 13—15)  
August 1—August 12, 2022



\*\*\*MUST REGISTER BY WEDNESDAY FOR THE FOLLOWING WEEK\*\*\*

Camper's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AGE \_\_\_\_\_ Grade in fall of 2022 \_\_\_\_\_

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

Male \_\_\_ Female \_\_\_ How did you hear about the Y? \_\_\_\_\_

Camper Shirt Size: Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult XL \_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Place of Employment/Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Place of Employment/Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency or your need during camp, if after both primary guardians cannot be reached, please list additional people who can be contacted and would be authorized to pick up your child. **Photo I.D. is required at the time of pickup.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any parent/guardian who is not authorized to contact your child at any time. **(Must provide legal court documents if parent/guardian.)**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Is your child under and medical/physical restriction? \_\_\_ No \_\_\_ Yes If yes, please explain below (include asthma, injuries, hearing loss, diabetes, etc)

Is your child allergic to any medications/food/insect stings? \_\_\_ No \_\_\_ Yes If yes, please explain below.

Any dietary restrictions? \_\_\_\_\_

Has your child been under a doctor's care or hospitalized for a specific condition? \_\_\_ No \_\_\_ Yes If yes, please explain below.

Please share any current or past medical treatment that would affect your child's day at camp. \_\_\_\_\_

Are there any activities your child should be restricted from? \_\_\_\_\_

Is your child currently taking any medication? \_\_\_ No \_\_\_ Yes If yes, please explain below for medical emergencies and discuss with Director.

**\*\*Medications must be in original container accompanied by a Permission to Medicate form with written instructions for staff to carry and dispense.**

Are there any physical, mental, or psychological conditions requiring medication, treatment, special restrictions or considerations for camp? If you have information to share to help your child be successful at camp, an extra space is available on the next page to ensure the best camp experience possible.

Date of last tetanus shot (needed in case of emergency): Month \_\_\_\_\_ Year \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Group policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

This health history is correct as far as I know and my school-age child has vaccination records on file with the NJ Board of Ed, OR I exempt my child from vaccinations due to the following reasons: \_\_\_\_\_

I also attest my child is in good health and has permission to engage in all the normal activities and trips of camp in the care of the camp staff.

### Permission to Treat/Informed Consent

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

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Y to transport, hospitalize, and secure proper treatment, order x-rays, routine tests, injections, anesthesia, or surgery, and to release any records necessary for insurance purposes for my child as named above and to release any records for treatment, referral, and insurance purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2022 Parent Guardian and YMCA Agreement (PLEASE INITIAL ALL LINES AFTER READING)

**Parent Receipt of Information:** I have read and received a copy of the information/policies listed here in the Camp handbook. **CHECK OFF EACH ITEM:**

Information to Parents       Policy on the Release of Children       Positive Guidance and Discipline Policy  
 Methods of Parental Notification       Policy on Communicable Disease Management       Expulsion Policy       Policy on Use of Technology & Social Media

**Camp Activities:** I am aware that camp activities may involve inherent risks and that I assume, for my child, whatever risk of injury or loss which may occur, and further certify that my child is in good physical condition in order to participate in these activities. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the Parent/Guardian. I understand that some camp activities may take place in local parks and give my child permission to walk to these local parks with YMCA staff.

**Health and Safety:** I acknowledge that it is my responsibility to be vigilant of any signs or symptoms of COVID-19 in my camper. If my camper displays any signs or symptoms of COVID-19 or has been exposed to COVID-19 it is my responsibility to tell the Camp Director immediately. In the event that my camper becomes ill at camp, I understand that I must arrange for them to be picked up by myself, or a person that I designate, **immediately**.

**Field Trips:** Locations, arrival/departure times will be posted on the camp website page. There is no alternate care for trip days as campers go on scheduled trips.

**Refund Policy:** Membership and deposit fees are non-refundable and non-transferrable. It is understood that, in the case of dismissal or voluntary withdrawal, there are NO refunds of camp fees after a session has started. If a camper must be dismissed for medical reasons, unused sessions may be refunded. Cancellation request forms are available at the Welcome Center.

**Additional Fees:** All camp activities, trip fees and camp from 8am-5pm are included in tuition. Late Pick-Up Fees of \$5 for the for 10 minutes late and \$1 per minute after those first ten minutes. Calls made to camp to inform us of your expected late arrival will help sooth your child and prepare camp for your late arrival, but does not waive these fees. Late payment fees of \$25 are charged to your account after payment due dates.

**Sunscreen Policy:** All campers must wear SPF of at least 15 on all exposed skin. Parents/guardians are responsible for applying the first layer. Children are to be provided with enough sunscreen for later applications. Staff will be responsible for ensuring follow-up applications after two hours of sun exposure (due to perspiration). Staff will assist younger campers.

**Discipline Policy:** I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp with no refund.

**Media Policy:** I hereby permit, consent and authorize any media recordings made of me or my children while with the YMCA as an individual or part of a group, with or without text in YMCA publications. I understand that if I do not want any media taken or used by the YMCA I must notify the YMCA Director in writing. All media taken by YMCA staff or agents for the expressed purpose of marketing the YMCA, its programs, or membership is property of the YMCA. I understand that any media images I take of other children during YMCA events are not authorized for my own social media postings. Inappropriate comments viewed on social media should be reported.

**Personal Belongings:** All personal items should be labeled permanently. Camp is NOT responsible for personal belongings. Electronic devices, including cell phones, are now allowed at camp.

I have read all of the above information and I am fully aware of all the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries and losses.

**Parent/Guardian Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Please use this space to share any information about your child to help ensure the best camp experience, including physical, mental, and emotional health. If a child is experiencing challenges at camp, we encourage you to talk to our staff so we can support any needs.

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# CAMP SAY 2022 LIT CAMP SELECTION FORM

Camper Name: _____	Week 1 June 27- July 1	Week 2 July 5—July 8	Week 3 July 11-15	Week 4 July 18-22	Week 5 July 25-29	Week 6 Aug 1—5	Week 7 Aug 8—12	Week 8 Aug 15-19	Week 9 Aug 22- 26	Week 10 Aug 29- Sept.2
<b>CAMP SAY Day Camps</b>	<b>FLEXIBILITY TO REGISTER FOR DAYS OF THE WEEK. <u>CIRCLE DAYS NEEDED.</u> After initial enrollment, single day rates apply to add days.</b>									
LEADERS IN TRAINING (Ages 13-15) 8am-5pm	NA	NA	NA	NA	NA	MTWTF	MTWTF	NA	NA	NA

**Full Facility Use Family Memberships** are available for the entire family.

**Program Members** pay \$78 annually to register for programs. **Non-Members** must pay \$50 Youth Camp Membership Fee.  
**After initial enrollment, single day rates apply to add days. 10% Savings** for additional siblings enrolled simultaneously.

	<b>Camp Hours</b> 8:00am-5:00pm	<b>Full Facility</b> <b>Members Price</b>	<b>Program / Non-</b> <b>Members Price</b>
<b>5 Days/Week</b>	Leader in Training (LIT) Camp	\$240/week	\$260/week

**Camp deposits of \$50 per week, regardless of how many days a week selected, are non-refundable/non-transferable. Deposits are applied towards the balance of each week. Camp balances paid are non-refundable after a session has started. \$10 processing fee to add AM/PM Care after initial registration.** Camp fees are due and must be paid in full as follows: Weeks 1-2 Due June 20th, Weeks 3-4 Due July 5th, Weeks 5-6 Due July 19th, Weeks 7-8 Due Aug 1st, Weeks 9-10 Due Aug 15th or will be subject to a \$25 Late Fee and possible forfeit of space in camp, including losing deposits. Adding additional days after initial enrollment requires the single day rate. Make checks payable to South Amboy YMCA. Visa, MasterCard, American Express and Discover are accepted. **EZ-Pay drafts on due dates are available by authorizing with your signature on payment page.**

\$78 Annual Program Membership (if not Full Family Members) OR \$50 Camp Membership \$ \_\_\_\_\_  
 \$50 Deposit Per Week (applied to camp tuition) X \_\_\_\_\_ weeks = \$ \_\_\_\_\_  
 Y Annual Campaign Donation—Please consider giving the Gift of Camp \$ \_\_\_\_\_ (optional)  
 Total Amount Due at Time of Registration \$ \_\_\_\_\_

**EZ PAY will automatically charge your card on file for balances on the due dates.**

<b>STAFF USE ONLY</b>
Forms Signed
Membership
Deposits Paid
EZ Pay Set-Up

# THINGS TO KNOW

**CAMP SAY 2022**  
200 John T. O'Leary Blvd.  
South Amboy, NJ 08879



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## How to Register

Visit [www.ymcaofmews.org](http://www.ymcaofmews.org) to register online or visit the South Amboy YMCA for assistance with the registration process.

## Registration Procedures

- All Campers are required to be Full Facility Members of any YMCA, Program Members of the YMCA of Metuchen, Edison, Woodbridge and South Amboy, or pay a Camp Youth Membership fee of \$50. Camp memberships are valid through December 31st for all 2022 additional programs.
- A \$50 non-refundable/non-transferable deposit is due for each child each week upon registration, regardless of how many days are selected. Deposits are applied towards the balance of camp. Camp balances paid are non-refundable after a session has started. Camp fees are due and must be paid in full as follows: Weeks 1-2 Due June 20th, Weeks 3-4 Due July 5th, Weeks 5-6 Due July 19th, Weeks 7-8 Due Aug 1st, Weeks 9-10 Due Aug 15th or will be subject to a \$25 Late Fee and possible forfeit of space in camp, including losing deposits. Adding additional days after initial enrollment requires the single day rate. Make checks payable to South Amboy YMCA. Visa, MasterCard, American Express and Discover are accepted.
- Adding additional days after initial enrollment requires the single day rate.
- Medical forms for those not enrolled in public school must be completed and submitted to the camp director no later than 1 week prior to your camper's first day of camp. NJ law requires a complete health form and immunization record for each child who does not have vaccinations on file with the Board of Education. Any child that does not have completed forms and immunization will not be able to attend camp. This form can be found on our website.

## Camp Discounts

10% savings are applied upon request for additional siblings enrolled simultaneously

## Hours of Camp

The camp day is 8:00am to 5:00pm. Extended camp days is available from 7:00-8:00am (AM Care) and 5:00-6:30pm (PM Care). If preferred, campers must be registered for AM and/or PM Care for the same days as camp enrollment for each week. Example, if you register M-W-F for one week and want to add AM Care, you must register for AM Care for the same three days of that week. \$10 processing fee to add AM/PM Care after initial registration.

## Field Trips

In accordance with NJ guidance for summer camps, campers will not leave the premises to go on field trips. Campers will participate in virtual trips and experiences, outside vendors and guest entertainers. A trip to the Splash Park will be determined at a later date.

## Camp for All Financial Assistance

Every child deserves a camp experience. Through our Annual Support Campaign, the Y raises money for camp scholarships. Visit our website at [www.ymcaofmews.org](http://www.ymcaofmews.org) to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 17, 2022. **Financial assistance is awarded on an annual basis and cannot be transferred between childcare programs.**

### FOR MORE INFORMATION:

**Lori Frago, CAMP Director**  
**732.553.9622, Ext. 4210**  
**[lori.frago@ymcaofmews.org](mailto:lori.frago@ymcaofmews.org)**