



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING

Registration Form – Camp Munsee

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	Jump Into Summer	Celebration Of Our Nation	Blast from The Past	Color Wars	Holiday Hullabaloo	Camp Munsee Olympics	Game Show Mania	Water Extravaganza	Bon Voyage!	Under The Big Top
Leaders In Training		The Leader In You	Shark Tank	If You Can't Stand The Heat...	Save a Life First Aid	Obstacle Challenge	Game Of Life	Teaching Swim Lessons & Lifeguarding	Teacher's Pet	
Specialty Camps				CRAYOLA Wild World Of Animals	Radical Reactions & Detective Science	Kids In The Kitchen \$310	Galaxy Far, Far Away™ SPACE LEGO	Jr. Engineering Make & Take Level 1		
Swim Lessons										
Before & After Care										
Before Care										
After Care										
Before/After Care Combo										

Parent's Signature _____ Date _____

2020 CAMP MUNSEE FEES

TRADITIONAL CAMP

	Family	Program/Non Member
Full Week	\$276	\$296
4 Day	\$251	\$273
3 Day	\$229	\$239
Camp Daily Fee	\$100	\$100
Swim Lessons	\$42	\$42

BEFORE/AFTER CARE

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

STEM CAMPS

	Family / Program & Non Member
Full Week	\$390

For more information contact:

Gabriella St. Fleur, Camp Munsee Director
 732.548.2044 ext. 2255
 gabriella.stfleur@ymcaofmews.org

2020 Camp Munsee Permission/Authorization

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

I, _____ the parent/guardian of _____, give permission for my child to participate in Camp Munsee 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 Munsee as an individual or part of a group, with or without text in Y publications. _____
initial

I grant permission and authorize Camp Munsee 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 Munsee 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 Munsee 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 Munsee 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 Munsee 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 Munsee's 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 _____

Parent/Guardian's Signature _____ Date _____

EZPAY

I, _____ give the Metuchen YMCA authority to charge my credit card on file with Metuchen 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 Metuchen YMCA immediately.

Signature _____ Date _____