



# MEWSA Camp Registration Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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. **Please note: A \$50 deposit is required for each week. Camp deposits are not refundable after July 6, 2020. Changes made after July 6, 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. Camp weeks 1-4 are due by July 1<sup>st</sup>. Camp weeks 5-8 are due by August 1. Payments can be made by check or credit card.

Camp Weeks & Dates	Week 1 7/6 7/10	Week 2 7/13 7/17	Week 3 7/20 7/24	Week 4 7/27 7/31	Week 5 8/3 8/7	Week 6 8/10 8/14	Week 7 8/17 8/21	Week 8 8/24 8/28
Traditional	Jump Into Summer	Journey Into Outer Space	Blast from the Past	Marvel Madness	All Around the World	Go for the Gold!	Let's Go Green	Finale of Fun
<b>Before &amp; After Care</b>								
Before Care								
After Care								
Before/After Care Combo								

## 2020 CAMP LENAPE FEES

### TRADITIONAL CAMP

#### 8:00AM-5:00PM

Full Week	\$276
4 Day	\$251
3 Day	\$228

### BEFORE/AFTER CARE

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

Camp Lenape/Piscataway Community Center  
520 Hoes Lane  
Piscataway, NJ 08854

For more information contact:  
E-mail: [camplenary@ymcaofmews.org](mailto:camplenary@ymcaofmews.org)  
Phone: (732)-662-0545

# 2020 Camp 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. 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 daily activities that are offered at camp. \_\_\_\_\_  
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 YMCA publications and in Piscataway Township 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 YMCA health history form and a camper/parent code of conduct form are required to attend camp. \_\_\_\_\_  
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 or walk, 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 have read and understand the 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 \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

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

## EZPAY

I, \_\_\_\_\_ give the YMCA authority to charge my credit card on file with YMCA for camp payments.

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 \_\_\_\_\_