



OCEAN COUNTY YMCA SUMMER CAMP 2026

CAMPER REGISTRATION FORM

Camper's Name (First & Last): _____

Grade: _____ (entering September 2026)

Camper will be attending the following camp weeks:

(Please take a picture to keep for your records)

_____ Week 1: 6/22-6/26 (Payment drafted June 8 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 2: 6/29-7/3 (Payment drafted June 15 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 3: 7/6-7/10 (Payment drafted June 22 nd)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 4: 7/13-7/17 (Payment drafted June 29 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 5: 7/20-7/24 (Payment drafted July 6 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 6: 7/27-7/31 (Payment drafted July 13 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 7: 8/3-8/7 (Payment drafted July 20 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 8: 8/10-8/14 (Payment drafted July 27 th)	Aftercare 4:00-6:00 PM YES or NO
_____ Week 9: 8/17-8/21 (Payment drafted August 3 rd)	Aftercare 4:00-6:00 PM YES or NO

\$50 Non-refundable
registration fee

\$255/week
8:30 AM-4:00 PM

\$70/week for
aftercare
4:00-6:00 PM

All drop off & Pick up
at Citta Elementary
School

FOR OFFICE USE ONLY

_____ \$50 NON-REFUNDABLE
REGISTRATION FEE

_____ REGISTRATION
COMPLETED & SIGNED

_____ BANK DRAFT

_____ IMMUNIZATIONS
ATTACHED

_____ CHS CONTRACT
RECEIVED (if applicable)



OCEAN COUNTY YMCA SUMMER CAMP 2026 REGISTRATION FORMS

All forms must be completed for each camper as well as a copy of immunizations

Camper's Name: _____ DOB: ____ / ____ / ____ Grade in Sept. 2026: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone #: _____

Parent/guardian with legal custody to contact in case of emergency:

*Authorized pick up

Name: _____ Relationship to Camper: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Employer: _____

Primary Email Address: _____

Secondary parent/guardian or other emergency contact:

*Authorized pick up

Name: _____ Relationship to Camper: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Employer: _____

Primary Email Address: _____

Pick up authorizations:

Please list all contacts authorized to pick up your child. In emergency situations only, a parent/guardian must give written permission for an individual, who is not on this list to pick up the camper. At pick up, every individual will be asked for identification, so please have it ready at the time of pick up; no exceptions will be made as this is done for the safety of your child. Please make sure that the individuals on this list are aware that they may also be called in the case of an emergency to pick up your child. You are welcome to add or remove from this list at any time. Please indicate if a non-custodial parent has limits on pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file. If DCPD is an authorized pick up, they MUST be listed as an authorized pick up.

Other authorized individuals:

1. Name: _____ Relationship to Camper: _____

Primary phone #: _____

2. Name: _____ Relationship to Camper: _____

Primary phone #: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone #: _____
Dentist Name: _____ Phone #: _____
Preferred Hospital: _____

Allergies:

Current Medications:

***Prescription medications to be taken during the camp day require a Medication Authorization Form to be completed separately prior to the child's first day of camp as well as the Physician's Care Plan.*

Restrictions:

Are there any medical issues or restrictions where the camper would be exempt from any camp activity? If so, please describe:

Mental, Emotional, and Social:

Has the camper been treated for emotional or behavioral difficulties? Yes ☐ or No ☐

Has the camper been treated for attention deficit disorder or attention deficit/hyperactivity disorder? Yes ☐ or No ☐

Does the camper have an IEP with their school? Yes ☐ or No ☐

Please provide more information regarding the information above (or any other concerns) that we would be able to use in order to provide a great experience for each camper:

IMMUNIZATION INFORMATION

Mandatory to attend camp

Please attach a copy of immunizations from physician containing the following:

Date of last physical, DTaP/DTP, Varicella, Influenza , HiB, Hepatitis B, Rotavirus, IPV/Polio, Pneumococcal, Hep A, MMR, Tdap (Grade 6+), Meningococcal (Grade 6+)

HEALTH VALIDATION

My child is registered to participate in the YMCA Summer Camp Program. I attest to the fact that he/she is in healthy physical condition and is able to participate in camp activities.

Parent/Guardian Initial _____

CONSENT FOR MEDICAL TREATMENT

"I, the parent or guardian of the above named child, gives permission to the physician selected by the Ocean County YMCA to hospitalize, secure proper treatment in the event of an emergency for the above named child."

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

Parent/Guardian and YMCA Agreement

PLEASE READ, INITIAL AND DATE THE POLICIES BELOW

Initials _____ FIELD TRIP PERMISSION

My child has permission to participate in all YMCA scheduled camp activities, including the bus transportation during the camp day, including locations, facilities, swimming and field trips. The calendar provided may change daily at Camp Director's discretion. I am aware that we will be using Toms River School District bus transportation to transport the children to and from the destination. Children will be traveling with adult staff. Your child's safety is our number one priority.

Initials _____ RULES FOR ACCEPTANCE AND PARTICIPATION IN CAMP

I understand that the rules are the same for everyone without regard to race, color, political affiliation, national origin, sex, age, or disability. All campers are treated with respect. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp, without refund.

Initials _____ DISCIPLINE POLICY

I will review and reinforce the camper conduct and other camp policies in the Child Care Resource Guide 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 enforced to help children understand proper behavior. Inappropriate behavior may result in disciplinary action by the Camp Director and/or dismissal from camp. Campers and/or parents not following the discipline policy may be suspended or expelled from camp without refund.

Initials _____ PHOTOGRAPHY/VIDEOGRAPHY POLICY

I give the Y permission to use photographs/videos taken of my child during participation at camp for Y promotional purposes. Photographs/videos may be placed on the Ocean County YMCA web page, YMCA social media, brochures, or camp flyers to promote information about Y programs. The Ocean County YMCA values the privacy of its members. No photos or videos of any type are to be made of any camper or staff person without the consent of the Y Staff.

Initials _____ CHILDCARE RESOURCE GUIDE

I have received, read, and understand the Summer Camp Resource Guide.

Initials _____ IDENTIFICATION POLICY

I have received, read, and understand the Identification Policy. *In Resource Guide*

Initials _____ BULLYING POLICY

I have received, read, and understand the Bullying Policy. *In Resource Guide*

Initials _____ SUSPENSION/EXPULSION POLICY

I have received, read, and understand the Suspension/Expulsion Policy. *In Resource Guide*

Initials _____ REFUND/FINANCIAL POLICY

All payments must be made on time with bank draft according to the payment schedule. Failure to do so will result late fees and possible inactivation from the program. Refunds are at the discretion of the Camp Director and are not guaranteed.

Initials _____ SUNSCREEN/BUG SPRAY

I give permission for YMCA staff to reapply as necessary sun screen/bug spray that I provide for my child. I will contact the staff when necessary to do so. I will apply the first application prior to the start of camp.

Initials _____ ILLNESS

I will keep my child(ren) at home if displaying any symptoms relating to illness. I will follow the protocol and 24-hour guideline stated in the Resource Guide.

I have read all of the above information and I am fully aware of all of the terms and principles contained herein.

Parent/Guardian Signature: _____ Date: _____

Member Services Representative: _____ Date: _____