Camper’s Name (First & Last): ____________________________

Grade: _________ (entering September 2024)

Camper will be attending the following camp weeks:

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Aftercare</th>
<th>YES or NO</th>
<th>Payment due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>6/17-6/21</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>June 3rd</td>
</tr>
<tr>
<td>Week 2</td>
<td>6/24-6/28</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>June 10th</td>
</tr>
<tr>
<td>Week 3</td>
<td>7/1-7/5</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>June 17th</td>
</tr>
<tr>
<td>Week 4</td>
<td>7/8-7/12</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>June 24th</td>
</tr>
<tr>
<td>Week 5</td>
<td>7/15-7/19</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>July 1st</td>
</tr>
<tr>
<td>Week 6</td>
<td>7/22-7/26</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>July 8th</td>
</tr>
<tr>
<td>Week 7</td>
<td>7/29-8/2</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>July 15th</td>
</tr>
<tr>
<td>Week 8</td>
<td>8/5-8/9</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>July 22nd</td>
</tr>
<tr>
<td>Week 9</td>
<td>8/12-8/16</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>July 29th</td>
</tr>
<tr>
<td>Week 10</td>
<td>8/19-8/23</td>
<td>4:00-6:00</td>
<td>YES</td>
<td>August 5th</td>
</tr>
</tbody>
</table>

OCEAN COUNTY YMCA SUMMER CAMP 2024
CAMPER REGISTRATION FORM

FOR OFFICE USE ONLY

_____ $50 NON-REFUNDABLE REGISTRATION FEE
_____ REGISTRATION COMPLETED & SIGNED
_____ BANK DRAFT
_____ IMMUNIZATIONS ATTACHED
_____ PARENT RECEIVED FOLDER
_____ BILLING INPUT IN COMPUTER
_____ CHS CONTRACT RECEIVED (if applicable)

$240/week for Camp 8:30 AM-4:00 PM
$50/week for Aftercare 4:00-6:00 PM

Drop off & Pick up at Citta Elementary School
Camper’s Name: _______________________________________________ DOB: ___ / ___ / ____ Grade in Sept. 2024: ______

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: ___________ Employer: ______________________________

Home Address: ______________________________________________ City: ______________ State: _____ Zip: __________

Primary Phone #: __________________________

Primary Email Address: ________________________________________

Secondary parent/guardian or other emergency contact:
*Authorized pick up

Name: ________________________ Relationship to Camper: ___________ Employer: ______________________________

Home Address: ______________________________________________ City: ______________ State: _____ Zip: __________

Primary Phone #: __________________________

Primary Email Address: ________________________________________

Pick up authorizations:
Please list all persons 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 DCPP 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 #: __________________________

OCCEAN COUNTY YMCA SUMMER CAMP
2024 REGISTRATION FORMS
All forms must be completed for each camper as well as a copy of immunizations
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 ever been treated for emotional or behavioral difficulties? Yes □ or No □
Has the camper ever 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 for swimming and field trips. Calendar is provided and may change daily at Director’s discretion. I am aware that we will be using outside busing 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, national origin, sex, age or disability. All campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. 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 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 ________ IDENTIFICATION POLICY
I have read and I understand the Identification Policy. *In Resource Guide*

Initials ________ BULLYING POLICY
I have read, received and understand the Bullying Policy. *In Resource Guide*

Initials ________ SUSPENSION/EXPULSION POLICY
I have read & received and understand the Suspension/Expulsion Policy. *In Resource Guide*

Initials ________ REFUND/FINANCIAL POLICY
All payments will be made on time according to the payment schedule. Failure to do so will result in 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.

Initials ________ CHILDCARE RESOURCE GUIDE
I have received my Summer Camp Resource Guide.

Initials ________ ILLNESS/COVID
I will keep my child(ren) at home if displaying any illness and/or COVID-related symptoms.

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: ________________________________