

February 2022

Thank you for your interest in the YWCA Northern New Jersey Leaders in Training Program. The **LIT** program is the perfect opportunity for teens to learn the skills it takes for possible future work as a camp or afterschool counselor. The LIT program is designed to train those who are ready to take on new challenges, opportunities and responsibilities at camp. LITs work with camper groups assisting staff and specialist in activity areas such as swimming, crafts, STEM, our new Girls Empowerment Camp (YWCAMP@Mahwah only), and our new social justice camp (YWCAMP@Mahwah only). This unique opportunity provides teens with the chance to develop their personal leadership style, hone in on their communication and problem solving skills and gain valuable professional development that will help them succeed at Camp, in school and in any workplace.

For 2022, we are debuting an upgrade to our traditional LIT program. The curriculum of the LIT program will be based on six core competencies:

- Youth Development
- Leadership Styles
- Group Facilitation
- Risk Management & Decision Making
- Effective Communication
- Professional Development

Leaders-in-Training are seen as camp leaders and role models for all campers. The highest standards of conduct, attitude, and behavior are expected. LIT's must make a minimum 2 week commitment to camp.

The LIT program is offered at two locations:

YWCamp@Dumont – at Honiss Elementary School, 31 Depew Street, Dumont, NJ

YWCamp@Mahwah - at Camp Glen Gray, 200 Midvale Mountain Road, Mahwah, NJ

Leader in Training (LIT) Application Summer 2022

YWCamp@Dumont YWCamp@Mahwah

Name: _____

D.O.B: _____

School I attend: _____

Grade: _____

I identify my gender as: _____

Preferred pronouns: _____

Camp Shirt Size Adult- S Adult-M Adult-L

Family Information/Communication

Parent/Guardian Name: _____ Date of Birth: _____

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

Cell Phone: _____ Email Address: _____

Parent/Guardian Name: _____ - _____ Date of Birth: _____

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

Cell Phone: _____ Email Address: _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation? No Yes – court order attached

Emergency Information

If I am unable to pick-up or be reached regarding important matters pertaining to my child, I authorize these people to pick-up my child or answer questions.

Name: _____ Primary Contact Number: _____ Relationship to Child: _____

Name: _____ Primary Contact Number: _____ Relationship to Child: _____

YWCAMP@Mahwah BUS PICK UP/DROP OFF only (must choose am/pm stop)

*bus stop times subject to change based on enrollment

YWCAMP@Dumont PICK UP/DROP OFF on-site only

Honiss Elementary School 31 Depew Street LARGE parking lot	YWCA Office 214 State Street Parking Lot	Harrington Park Elementary School 191 Harriot Ave Parking Lot	George Washington Elementary School 39 Fardale Ave Parking Lot	Oradell Elementary School 350 Prospect Ave Parking Lot	Christian Reformed Church 271 Lincoln Ave Parking Lot	Palisades Mall Commuter Lot J
Dumont	Hackensack	Harrington Park	Mahwah	Oradell	Ridgewood	West Nyack, NY
<input type="checkbox"/> 7:45 am	<input type="checkbox"/> 7:45 am	<input type="checkbox"/> 7:55 am	<input type="checkbox"/> 8:35 am	<input type="checkbox"/> 8:05 am	<input type="checkbox"/> 8:15 am	<input type="checkbox"/> TBA
<input type="checkbox"/> 5:45 pm	<input type="checkbox"/> 5:45 pm	<input type="checkbox"/> 5:50 pm	<input type="checkbox"/> 5:10 pm	<input type="checkbox"/> 5:30 pm	<input type="checkbox"/> 5:15 pm	<input type="checkbox"/> TBA

Health Information

Please include copies of physical and immunization records (Physical date within 24 months).

Date of last Physical Exam: _____

If you want/need your child to take medication – please fill out the medication permission form on the website

Any Medical Issues/Allergies? No Yes, describe: _____

If your child has allergies requiring medical treatment – please include care plan from your doctor.

*Medication must be sent on child's first day (2 Epi-pens required) or child will not be permitted to attend camp.

Any Learning/Behavioral Needs? No Yes - describe and please include copy of latest IEP

Permissions and Waiver

Yes, you have permission to use my / my child's photo/video in YWCA Northern New Jersey communications, marketing, and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Yes, I give permission for YWCA Northern New Jersey to transport my child to and from summer camp for daily transportation as applicable. I understand that the transportation will be appropriately supervised. I understand that the YWCA Northern New Jersey and its employees assume no liability in case of an accident outside of our authority.

Yes, the child named on this contract is in good health and can fully participate in all activities offered at YWCA summer camps. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Yes, I have read, understand, and have access to a copy of the parent handbook, which includes Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy, the Information to Parents from the Department of Health. I understand it is my responsibility to read all the policies and I have read this entire application and I agree to abide by all terms and regulations.

Yes, I have read, fully understand, and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

Parent/Guardian Name: _____ **Signature:** _____

Registration for: _____

****Registration MUST be received by the prior WEDNESDAY****

WEEKS	YWCAMP@Dumont	YWCAMP@Mahwah	Pre Camp (held at DUMONT 7:30- then board bus to YWCAMP@Mahwah)	Post Camp (held at DUMONT) 5:00-6:30	TOTAL
<input type="checkbox"/> Week 1 June 27 – July 1	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 July 4 – July 8 <i>(Camp Closed 07/04)</i>	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	
<input type="checkbox"/> Week 3 July 11 – July 15	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 18 – July 22	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 25 – July 29	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 August 1– August 5	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 7 August 8– August 12	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 8 August 15 – August 19 <i>YWCAMP@Mahwah only</i>	N/A	<input type="checkbox"/> \$200	PRE/POST NOT AVAILABLE		
<input type="checkbox"/> Week 9 August 22 – August 26 <i>YWCAMP@Mahwah only</i>	N/A	<input type="checkbox"/> \$200	PRE/POST NOT AVAILABLE		
Sub-total					
\$50 YWCA Membership (per family)					
\$25 Registration Fee (per child)					\$25
Total					

PAYMENT OPTIONS

Electronic Fund Transfer (EFT) – Voided Check must be provided.

Credit Card

Type of Card: American Express Discover MasterCard Visa

Name as it appears on card: _____ Daytime phone: _____

Billing Address for this card: _____

Card number: _____ Expiration date: _____ Security code: _____

Cardholder Email Address: _____

I authorize the YWCA NNJ to charge my credit card for my child’s summer camp tuition.

Signature: _____ **Date:** _____

Membership, registration, and weekly fees are non-refundable - \$25 processing fees for changes.
There will be a \$35 service charge if payments are not honored from your credit card or account on file.