



YWCamp@Mahwah

Registration - Summer 2024

Office use only:
Group # _____
Weeks: 1 2 3 4 5 6 7 8 9

Camper's Name (One Application Per Child): _____ New Camper Returning Camper

Date of Birth: _____ **Age as of June 24th, 2024:** _____ **Gender:** Female Male Transgender Intersex Other

Camp Shirt Size (one shirt only) - Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L

Family Information

Ethnicity: Asian American Indian/Eskimo/Aleut Black Hawaiian/Pacific Islander Hispanic or Latino
 Not Hispanic or Latino White Multi-Racial (check all that apply)

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

Gender: Female Male Transgender Intersex Other

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

Cell Phone: _____ **Email Address:** _____

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Gender: Female Male Transgender Intersex Other

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

Cell Phone: _____ **Email Address:** _____

Do parents live together? _____ **If not, with whom does the child reside?** _____

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

Emergency Information (Other than parents and MUST BE 18 years old or older- Children are NOT permitted to walk to or from bus stop) 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 Phone: _____ Relationship to Child: _____

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Health information

Must include copies of physical and immunization records with Application for processing. (Physical date within 24 months). If you want/need your child to take medication – please fill out the medication permission form on the website.

Date of last Physical Exam: __/__/__ **Any Medical needs/Allergies?** No Yes, describe: _____

If your child has allergies requiring medical treatment – please include a care plan from your doctor. *Medication must be sent on the child's first day (2 Epi-pens required) or the child will not be permitted to attend camp.

Any Learning/Behavioral needs? No Yes - describe and please include copy of latest IEP/504 plan.

Bus Stop Information

NO ONSITE PICK UP OR DROP OFF – (Must use bus transportation) *Times subject to change.

Bus Stop Locations - Towns	Address	AM	PM
<input type="checkbox"/> Dumont (Honiss Elementary School)	31 Depew Street (Large Parking Lot)	<input type="checkbox"/> 7:45	<input type="checkbox"/> 5:45
<input type="checkbox"/> Hackensack (YWCA Northern New Jersey Office)	214 State Street (Parking Lot)	<input type="checkbox"/> 7:45	<input type="checkbox"/> 5:45
<input type="checkbox"/> Hoboken (Wallace Elementary School) *WEEK 9 ONLY	1100 Willow Ave (Front of the building)	<input type="checkbox"/> 7:15	<input type="checkbox"/> 6:20
<input type="checkbox"/> Mahwah (Mahwah High School)	50 Ridge Road (Parking Lot)	<input type="checkbox"/> 8:30	<input type="checkbox"/> 5:00
<input type="checkbox"/> Oradell (Oradell Elementary School)	350 Prospect Ave (Parking Lot)	<input type="checkbox"/> 8:00	<input type="checkbox"/> 5:30
<input type="checkbox"/> Ridgewood (Christian Reformed Church)	271 Lincoln Ave (Parking Lot)	<input type="checkbox"/> 8:15	<input type="checkbox"/> 5:15
<input type="checkbox"/> Weehawken (Weehawken High School) *WEEK 9 ONLY	53 Liberty Place (Front of the building)	<input type="checkbox"/> 7:30	<input type="checkbox"/> 6:00

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, _____ (Must add initials) I have read, understand, and have access to a copy of the parent handbook, which includes the Management of Communicable Diseases, Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy, the Information to Parents from the Department of Health and the social media policy (always available online at www.ywcannj.org). 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.

I understand that free swimming lessons are scheduled to take place at YWCamp@Mahwah in a natural spring-fed lake, which can pose certain challenges. While we anticipate regular swimming sessions, it's essential to consider potential disruptions due to weather or other natural factors like runoff or fish/turtle spawning. If we need to cancel swimming, we will replace them with enjoyable land-based activities. This ensures that participants still have a great experience, even in the face of unexpected circumstances. Safety remains our top priority, and we will have appropriate safety measures in place, including lifeguards and emergency protocols, to ensure the well-being of all participants. We will also communicate any changes or cancellations to the participants in advance to keep them informed.

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 of 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:** _____

YWCAMP@Mahwah

Camper's Name: _____

Office Use only:

- Group 1 Group 2 Group 3
 Group 4 Group 5

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

WEEKS	1 st child	Each additional child	Specialty Camp No discounts applicable	PRECAMP 7:30am- 8:30am at YWCAMP@Dumont	POST CAMP 5:00pm- 6:30pm at YWCAMP@Dumont	Total
<input type="checkbox"/> Week 1 June 24 – June 28	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347		<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 July 1 – July 5 <i>(Camp Closed 07/04 & 07/5)</i>	<input type="checkbox"/> \$231	<input type="checkbox"/> \$208		<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
<input type="checkbox"/> Week 3 July 8 – July 12	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347	<input type="checkbox"/> \$450 Baking Camp	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 15 – July 19	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347		<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 22 – July 26	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347	<input type="checkbox"/> \$450 Baking Camp	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 July 29 – August 2	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347		*Bus Transportation Only *Must Choose a Bus Stop (See Mahwah Application for Bus Information) PRE/POST NOT AVAILABLE		
<input type="checkbox"/> Week 7 August 5 – August 9	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347				
<input type="checkbox"/> Week 8 August 12 – August 16	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347				
<input type="checkbox"/> Week 9 August 19 – August 23	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347				
Sub-total						\$
\$30 Registration						\$
Sub-total						\$
PROMO CODE(S) –No promo codes or sibling discounts on specialty camps - Promos cannot be combined						\$
Would you like to make a tax-deductible donation to YWCA summer camp?						\$
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.

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.

Signature: _____

Date: _____