

# YWCamp@Weehawken Registration - Summer 2024

**\*\* Must be a Weehawken Resident\*\***

**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 24<sup>th</sup>, 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:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:**  Female  Male  Transgender  Intersex  Other

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **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 – **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 camp.** 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: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## 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

## Drop Off and Pick Up Information

Camp Location	Address	AM	PM
Weehawken High School	53 Liberty Pl, Weehawken, NJ 07086	<b>8:30</b>	<b>5:00</b>
<input type="checkbox"/> <b>Yes, _____ (Must add initials)</b> I understand that campers are <b>NOT PERMITTED</b> to walk to and or from camp.			

## 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 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 in 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 is available online at [www.ywcannj.org](http://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.

**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:** \_\_\_\_\_

# YWCAMP@Weehawken

Camper's Name: \_\_\_\_\_

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

**Office Use only:**

- Group 1  
  Group 2  
  Group 3  
 Group 4  
  Group 5

WEEKS	Full Day 8:30-5:00 1 <sup>st</sup> child	Full Day 8:30-5:00 Additional Child	Half Day/ Weehawken Sponsored Camps 12:30pm-5:00pm Tues/Wed/Thursday Full Day - Monday/Friday	PRE CAMP 7:30am- 8:30am	POST CAMP 5:00pm - 6:30pm	Total
<input type="checkbox"/> <b>Week 1 (Wed Start)</b> June 26 – June 28	<input type="checkbox"/> \$165	<input type="checkbox"/> \$149		<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
<input type="checkbox"/> <b>Week 2</b> July 1 – July 5 (Camp Closed 07/04 & 07/5)	<input type="checkbox"/> \$165	<input type="checkbox"/> \$149	Closed	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
<input type="checkbox"/> <b>Week 3</b> July 8 – July 12	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 4</b> July 15 – July 19	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 5</b> July 22 – July 26	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 6</b> July 29 – August 2	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 7</b> August 5 – August 9	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 8</b> August 12 – August 16	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 9</b> August 19 – August 23 (At YWCAMP@Mahwah only – Bus only)	<input type="checkbox"/> \$385	<input type="checkbox"/> \$347	Closed	N/A	N/A	
<b>Week 9 Weehawken to Mahwah Bus Stop only</b> <input type="checkbox"/> 7:30 AM <input type="checkbox"/> 6:00 PM - <i>*time subject to change</i>						
<b>Sub-total</b>						\$
<b>\$30 Registration</b>						\$30
<b>Sub-total</b>						\$
<b>Would you like to make a tax-deductible donation to YWCA summer camp?</b>						\$
<b>Total</b>						\$

**PAYMENT OPTIONS**    Attached Proof of Residency

**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: \_\_\_\_\_