

## Girls Empowerment Network Camp

Thank you for your interest in YWCA Northern New Jersey specialty camps! This year our Girls Empowerment Network (GEN) camp will be directly focused on our mission of empowering young women and eliminating racism.

**Girl Empowerment Network (GEN) Camp** is offered **July 31-August 4 and August 7-11** for girls and female-identified individuals ages 9-12.

GEN camp provides girls with STEM-based learning opportunities, empowerment workshops, and socioemotional learning activities. Girls will develop leadership and communication skills that support their wellbeing and instill confidence.

The goals include:

- Building self-efficacy
- Increasing media literacy
- Boosting and growing self-esteem
- Developing healthy lifestyles

Girls will soar in our supportive, nurturing environment and create fun lasting memories and friendships. Civic engagement, philanthropy and social justice will be all explored as campers build connections, friendships and have fun!

### INCLUDED IN THE WEEKLY FEE:

- Bus transportation
- Snack
- Swimming/boating

To register, please email completed registration forms and medical forms to: [girls@ywcannj.org](mailto:girls@ywcannj.org).

For more information reach out to:

Daniela Pinto, Director of Youth Development at [DPinto@ywcannj.org](mailto:DPinto@ywcannj.org) or 201-345-1905

# Specialty Camps Girls Empowerment

## Registration – Summer 2023

Camper's Name (one application per camper): \_\_\_\_\_  New Camper  Returning

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_

Gender:  Female  Male  Transgender  Intersex  Other Pronouns: \_\_\_\_\_

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

### Family Information

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

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

Gender:  Female  Male  Transgender  Intersex  Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Gender:  Female  Male  Transgender  Intersex  Other

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 – updated court order must be attached

### Emergency Information (other than parents and MUST be 18 years or older)

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: \_\_\_\_\_

### Health Information

**Must include copies of physical and immunization records with application for processing (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 to be reviewed by Behavioral Specialist.

\_\_\_\_\_  
\_\_\_\_\_

**BUS STOP INFORMATION**

**NO ONSITE PICK UP OR DROP OFF – (MUST USE BUS TRANSPORTATION) \*TIMES SUBJECT TO CHANGE**

<b>Bus Stop Locations – Towns</b>	<b>Address</b>	<b>AM</b>	<b>PM</b>
<input type="checkbox"/> Butler (Richard Butler Middle School)	3 Pearl Place (Parking Lot)	<input type="checkbox"/> 8:15	<input type="checkbox"/> 5:15
<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"/> 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"/> Verona (Our Lady of the Lake School)	26 Lakeside Ave (Parking Lot)	<input type="checkbox"/> 7:30	<input type="checkbox"/> 6:00

**Permissions and Waivers**

**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 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 (available online at ywcanj.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@Mahwah – GEN Camp



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

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

WEEKS	1 <sup>st</sup> child	Each additional child	Total
<input type="checkbox"/> <b>Week 1</b> July 31 – August 4	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	
<input type="checkbox"/> <b>Week 2</b> August 7 – August 11	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	

<b>Would you like to make a tax-deductible donation to YWCA summer camp?</b>	\$
<b>Sub-total</b>	\$
<b>\$50 - YWCA Membership (per family)</b>	\$
<b>\$25 Camp Registration</b>	\$
<b>Total</b>	\$

## 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: \_\_\_\_\_

**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.**

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

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

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