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# Camp Tastebuds
## YWCamp@Hoboken
### Summer 2026

❒New Camper ❒Returning Camper

**Camper's Name (One Application Per Child):** _____** Must be a Hoboken Resident**

**Date of Birth:** _____ **Age as of June 22nd, 2026:** _____ **Gender:** ❒Female ❒Male ❒Transgender ❒Intersex ❒Other

**Address:** _____ **County:** _____ **Zip Code:** _____

**Camp Shirt Size (one shirt only) *included -** ❒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:** _____
**Cell Phone:** _____ **Work Phone:** _____
**Employer:** _____ **Email Address:** _____
❒Female ❒Male ❒Transgender ❒Intersex ❒Other/ prefer to not identify.

**Parent/Guardian Name:** _____ **Date of Birth:** _____
**Cell Phone:** _____ **Work Phone:** _____
**Employer:** _____ **Email Address:** _____
**Address if Different:** _____
❒Female ❒Male ❒Transgender ❒Intersex ❒Other/prefer to not identify.

**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 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.**

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# Drop Off and Pick Up Information

| Camp Location | Address | AM | PM |
|---|---|---|---|
| Wallace Elementary School | 1100 Willow Ave, Hoboken, NJ 07030 | 8:30 | 5:00 |

# 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 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**, I give permission for YWCA Northern New Jersey staff to transport my child by walking to and from the Hoboken High School daily to use the swimming pool facility. 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 and agree to all policies and procedure contained in the in the YWCA parent handbook. This handbook includes information on all YWCA policies and procedures including refund policy, parent visitation rights as well as State licensing requirements such as:

**(MUST CHECK OFF ALL ITEMS to process application)**

☐ **Information to Parents** ☐ **Communicable Diseases** ☐ **Parental Notification Methods**
☐ **Expulsion Policy** ☐ **Release Policy**
☐ **Policy on the Use of Technology and Social Media**

❒ **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: _____**

# Camp Tastebuds - YWCAMP@Hoboken

**Camper's Name: _____**

**Office use only: Group # _____**

**Shirt Size: _____**

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

| WEEKS | Tastebuds Specialty Camp | PRE-CAMP 7:30am-8:30am | POST CAMP 5:00pm-6:30pm | Total (Promo Code Not Applicable) |
|---|---|---|---|---|
| ❒ **Week 1** July 6 – July 10 | ❒$450 | ❒$55 | ❒$60 | |
| ❒ **Week 2** July 20 – July 24 | ❒$450 | ❒$55 | ❒$60 | |
| | | | **Sub-total** | $ |
| | | | **$35 Registration** | $35 |
| | | | **Sub-total** | $ |
| | | | Would you like to make a tax-deductible donation to YWCA summer camp? | $ |
| | | | **(Promo Code and Discounts Not Applicable) Total** | $ |

**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: _____

**The YWCA NNJ charges a 3 % surcharge for all transactions and accounts drafting from American Express, Mastercard, Visa, Discover and debit credit cards.**

❒ **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**: _____