

CAMP REGISTRATION

Child's Name: _____ Entering Grade: _____

Please clearly circle or highlight the appropriate box to indicate the camp you would like to select for your child.

Please review your selections carefully before selecting.

	Grade Entering	Week 1 6/25-6/29	Week 2 7/2-7/6	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 7/31-8/3	Week 7 8/6-8/10	Week 8 8/13-8/17	Week 9 8/20-8/24	Week 10 8/27-8/31
Discovery	K & 1	\$190	\$152	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190
Explorer	2 & 3	\$190	\$152	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190
Adventure	4 & 5	\$200	\$160	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Pioneer	6 - 8	\$200	\$160	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
LIT	9 & 10	\$50	\$40	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Additional Options											
Pre Camp (7:00- 8:30am)	K-8	\$25	\$20	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Post Camp (5:00 - 6:30pm)	K-8	\$25	\$20	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Pre & Post Camp	K-8	\$45	\$40	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Weekly Trip	K-8	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10

All Camps require a current YMCA of Eastern Union County, Rahway Branch membership.

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SPECIALTY CAMPS RAHWAY LOCATION		Week 1 6/25-6/29	Week 2 7/2-7/6	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 8/1-8/5	Week 7 8/6-8/10	Week 8 8/13-8/17	Week 9 8/20-8/24	Week 10 8/27-8/31
Baseball	Ages 7-13				AM - \$50		AM - \$50				
Basketball	Ages 7-13		AM - \$50		AM - \$50		AM - \$50		AM - \$50		AM - \$50
Football	Ages 7-13					AM - \$50		AM - \$50			
Splash	Ages 6-12			Ages 6-8 \$92 *\$62	Ages 9-12 \$92						
Water Sports and Games	Ages 6-12					Ages 6-8 \$92 *\$62	Ages 9-12 \$92 *\$62				
Soccer	Ages 7-13	AM - \$50		AM - \$50		AM - \$50		AM - \$50			
Tennis	Ages 7-13		AM- \$65		AM- \$65		AM- \$65		AM- \$65		
SPECIALTY CAMPS CARTERET LOCATION		Week 1 6/25-6/29	Week 2 7/2-7/6	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 8/1-8/5	Week 7 8/6-8/10	Week 8 8/13-8/17	Week 9 8/20-8/24	Week 10 8/27-8/31
Baseball	Ages 7-13			AM - \$50		AM - \$50					
Basketball	Ages 7-13	AM - \$50		AM - \$50		AM - \$50		AM - \$50			
Football	Ages 7-13				AM - \$50		AM - \$50				
Fun & Games		AM— \$75 PM— \$75		AM— \$75 PM— \$75	AM— \$75 PM— \$75	AM— \$75 PM— \$75	AM— \$75 PM— \$75	AM— \$75 PM— \$75	AM— \$75 PM— \$75	AM— \$75 PM— \$75	AM— \$75 PM— \$75
	Ages 6-12	Full— \$150		Full— \$150	Full— \$150	Full— \$150	Full— \$150	Full— \$150	Full— \$150	Full— \$150	Full— \$150
Soccer	Ages 7-13		AM - \$50		AM - \$50		AM - \$50		AM - \$50		
Tennis	Ages 7-13	AM- \$65		AM- \$65		AM- \$65		AM- \$65		AM- \$65	

*Fees listed reflects children registered for full day traditional camp plus specialty camp (Specialty Camp Fee+ Traditional Camp Fee)

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MEDICAL HISTORY FORM

Child's Name _____

Camp _____

Immunization History

Please record the date (month & year) of the basic immunizations and the most recent booster.
If you have any questions, please consult with your doctor.

DPT Booster _____ Tetanus Booster _____ Polio OPV (sabin) _____
MMR _____ Pertussis _____ HBV _____
HIB _____ Varicella _____ Tuberculin Test _____ Result _____
Date of last medical examination _____

Health History

Has your child had any of the following? If so, at what age?

Allergies

Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Sun Screen _____
Bug Spray _____

Conditions

Ear Infections _____
Heart Defect/Disease _____
Convulsions _____
Bleeding Disorders _____
Asthma/Reactive Airway _____

Food Allergies: _____

Medical Allergies: _____

Does your child carry an asthma inhaler? _____ Does your child carry an EpiPen? _____

Has your child had any operations or serious injuries? _____ At what age? _____

If so, please describe: _____

Has your child ever been hospitalized? _____ Under what circumstances? _____

Does your child have any chronic or recurring illness including seizures: _____

If yes, please explain _____

Does your child have emotional or behavioral problems? _____

Please list any additional health history information we should be aware of: _____

Does your child have any limitations to physical activity? _____

If yes, please explain: _____

IMPORTANT

PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.

This health history is correct as far as I know, and the person herein described is in _____
condition and has permission to engage in all in all usual activities except as noted above by me.

Parent or Physician's Signature: _____ **Date:** _____

Permission for emergency treatment: In order to meet all legal requirements, I hereby authorize representatives of the YMCA of Eastern Union County to give consent for any and all necessary emergency medical care for my child while he/she attends the YMCA of Eastern Union County programs.

Parent/Guardian Signature: _____ **Date:** _____

PARENT AGREEMENT

- I have received the YMCA of Eastern Union County Parent Handbook and understand that it is my responsibility to follow these procedures and to ensure my child understands the rules of the program.
- I understand that my child will not be admitted to the program until ALL registration materials have been submitted.
- I understand that my child can not participate in camp until full payment has been made.
- I understand that my child may be suspended or terminated from the program, at the discretion of the Camp Director for behaviors that are not in line with our rules and procedures set up to ensure the safety of all children and to create a positive atmosphere. I understand that there are no refunds for suspensions or terminations.
- I understand that the YMCA of Eastern Union County is not responsible for lost or damage belongings.

PARENTAL AUTHORIZATION AND CONSENT

I hereby enroll my child, _____, in the YMCA of Eastern Union County Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/excursions.
- Give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.
- Give permission for my child to participate in all Healthy U activities and I give the YMCA of Eastern Union County permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

Parent's Signature

Date

Inquiring YMCA staff are eager to know...

How did you hear about us?

___ Previous Camper

___ Direct Mail/Brochure

___ Website

___ Friend

___ School

___ YMCA Employee

___ Other _____