

YMCA of Eastern Union County, Elizabeth Branch

135 Madison Avenue, Elizabeth NJ 07201 908-355-9622

Camp 2007 Application

Camper's Name: _____
Last First

Address: _____
City State Zip

Home Phone #: () _____ Sex _____ Previous Camper: ___ Yes ___ No

DOB: _____ Age _____ Grade to be enrolled in (9/07) _____
month day year

Mother/Guardian: _____ Cell/Work phone: _____
Other Phone #: _____

Father/Guardian: _____ Cell/Work phone: _____
Other Phone #: _____

Emergency Contact: _____ Emerg. Phone#: _____

Emergency Contact: _____ Emerg. Phone #: _____

Authorized To Sign Child Out: _____

Discover Camp _____ Explorer Camp _____ Adventure Camp _____
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Participation Agreement:

I/We approve this application and certify that the applicant is capable of such an experience. I/We grant permission to the applicant to participate in all planned camp activities, including out-of-camp trips by bus and walking trips. In case of an accident or illness, the YMCA of E.U.C., Elizabeth Branch Camp is authorized to secure medical treatment. I/We understand prudent attempts will be made to contact the undersigned immediately. I/We understand that in case of injury, my child's own personal insurance will cover medical expenses. The Elizabeth Branch YMCA camp is not responsible for lost, stolen, or damaged personal articles. I/We also realize that the Elizabeth Branch YMCA camp does not administer medication. I/We also authorize the Elizabeth Branch YMCA camp to have and use photographs, slides, video tapes of the person named on this application as may be needed for public relations purposes. I/We also understand that the Elizabeth Branch YMCA is a not-for-profit organization offering programs not otherwise available. In return, I/We, individually and corporately agree to hold harmless the Elizabeth Branch YMCA, its volunteers, agents, employees and officers irrespective of any negligent act or omission by the Elizabeth Branch YMCA camp and/or those individuals arising from or related to the Elizabeth Branch YMCA. I/We also attest to having received the Bureau of Licensing Information to Parents Information Packet/YMCA Parent-Camper Handbook/YMCA Discipline Policy.

Program fees are non-refundable. In the event that I may need to cancel my child's registration, I must do so by June 1, 2007. I will receive a credit for any fees paid. No credits will be issued if cancellation is done after the specified date. No refunds or credits are issued for days missed due to illness, family vacations/emergencies or suspension/termination from the program due to misbehavior. I also understand that if all balances for camp fees are not paid for by their due dates, the YMCA does reserve the right to void my application.

Parent/Guardian Signature: _____ Date: _____

