

# 2010 West Essex YMCA & AILIV Indian Cultural Camp Form

Please print or type one application for each child

Camper's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Grade as of (9/10) \_\_\_\_\_ Age as of (6/10)\* \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Mother's Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Father's Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

YMCA Membership Type (if applicable) \_\_\_\_\_

T-Shirt Size: **Youth:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large **Adult:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge

Additional shirts are available at \$6.00 each. If interested, please indicate size(s): \_\_\_\_\_

Enrollment Period: Both the Weeks (Aug 16 – 27, 2010): \_\_\_\_\_ First week only: \_\_\_\_\_ Second week only: \_\_\_\_\_

Early drop-off starting at 7:30 a.m. and late pick-up (until 6 p.m.) are available for an additional \$50 per week. Please indicate if you need to avail of this option: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the likely time of drop-off and pick-up: \_\_\_\_\_

## EMERGENCY CONTACTS/ PICK-UP ALTERNATIVE

These persons will be authorized to pick-up your child at any time. **In an emergency these people must be able to arrive within one hour.** Please list **three** contacts other than parents/guardians. We will not release your child to any other persons unless we receive a written note or phone call stating the name, telephone number, and relationship of the pick-up contact. (Identification will be required).

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional # \_\_\_\_\_ Town \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional # \_\_\_\_\_ Town \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional # \_\_\_\_\_ Town \_\_\_\_\_

Who May **NOT** Pick-Up Your Child? \_\_\_\_\_ (Please attach any supporting documents)

List any medical conditions for which the camper is currently under the care of a physician: \_\_\_\_\_

Current treatments and restrictions due to above: \_\_\_\_\_

List any medications the child is taking: \_\_\_\_\_

Medications to be administered at camp must be in original container accompanied by written and signed instructions of the parents or doctor. Campers may not carry medications at any time.

**Health and Immunization History:** Vaccinations are required by the NJ Department of health prior camp attendance. New records are needed every year for licensing purposes. You need to download Medical Form from [www.westsexymca.org](http://www.westsexymca.org) or [www.ailliv.net](http://www.ailliv.net), complete and return to West Essex YMCA by June 1st, 2010. Initials \_\_\_\_\_

**Camper Packet forms to be completed and returned to the YMCA by June 1, 2010.** Download forms from either website [www.westsexymca.org](http://www.westsexymca.org) or [www.AILLIV.net](http://www.AILLIV.net) Initials \_\_\_\_\_

**Off-site trips:** Permission is hereby granted to YMCA/AILLIV to take my child to the outdoor playground area and on trips as part of the regular program. Parents will be notified in advance of the impending trip. Initials \_\_\_\_\_

Permission is granted to YMCA/AILLIV to use photographs/videos of my child for use of YMCA publicity. The West Essex YMCA values its members' privacy. No photos or videos will be made without consent of the parent.

\_\_\_\_ Photos Permitted    \_\_\_\_ No Photos Permitted    Initials \_\_\_\_\_

**PARENT/GUARDIAN AND YMCA AGREEMENT**

Rules for acceptance and participation in culture camp are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for normal differences in tastes, preferences, abilities and range of behavior patterns. The YMCA reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp—**without refund**.

By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its rules and requirements. I give permission for him/her to take part in all camp activities and field trips. I will review and reinforce the camper conduct policy with my child prior to the start of camp. Campers not following the conduct policy may be suspended or expelled from camp with no refund. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for insurance purposes.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_