

YMCA OF PATERSON SUMMER CAMP APPLICATION

Branch: Paterson, NJ 07505

Camp Site: 128 Ward Street,

Camp Group: **Preschool Center**

_____ District Enrichment Program

_____ Summer Camp

PARTICIPANT INFO (*please fill out all areas of this application*)

Child's Name _____ Age _____ D.O.B. _____

Female Male

Age in September _____ Grade _____ School attending _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Home Phone (_____) _____

My child's Drop Off Time: _____ My Child's Pick Up Time: _____

PARENT INFO

Name of Parent/Guardian registering child _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____ Email _____

Name of Parent/Guardian _____ Relation _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____ Email _____

EMERGENCY CONTACT (*must be filled*)

Please list two (2) contacts not already listed on this form, to be used if the parents/guardians cannot be reached

Name _____ Relation _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

Name _____ Relation _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

PHYSICIAN INFO (*must be filled*) (attach Physical and immunization)

Name _____ Telephone Number (_____) _____

Address _____ City _____ State _____ Zip _____

PARENTAL AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the YMCA.

Parent/Guardian Name

Parent/Guardian Signature

Participant Signature

Date



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PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the YMCA of Paterson, NJ. I hereby grant permission for my child to leave the YMCA of Paterson premises, under proper supervision of the Paterson YMCA Preschool Center staff, for neighborhood walks, park play and field trips. It is my understanding that the attached checked list of these trips will be taken over the camp session without further consent from me. (See attached)

Child's Name

Child's Group

Parent/Guardian Signature

Date

AUTHORIZED PICK-UP FORM

The following person/s is 16 & up will be allowed to pick up my child from the Paterson YMCA Preschool Camp Programs:

NAME	RELATIONSHIP	PHONENUMBER

I understand that no one else will be allowed to pick up my child unless I notify the YMCA of Paterson in advance, or in writing. This person will also be asked for their ID for verification.

Parent/Guardian Signature

Date

Contact Telephone Number: _____

Family Income Information

Attach proof of income (most recent two consecutive pay stubs)

___ wage and salary ___ 4Cs supplement ___ TANF supplement ___ Other source of income



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Program Price List

Session 1: July 8 – July 26, 2019

Session 2: July 29 – August 23, 2019

Registration Fee: \$100.00

Deposit: \$25.00



SESSION 1 & 2		MEMBER	
<input type="checkbox"/> Weekly	\$125.00	<input type="checkbox"/> Weekly	\$100.00
<input type="checkbox"/> Sibling	\$100.00	<input type="checkbox"/> Sibling	\$90.00
<input type="checkbox"/> 3 Days	\$75.00	<input type="checkbox"/> 3 Days	\$75.00
<input type="checkbox"/> Sibling	\$65.00	<input type="checkbox"/> Sibling	\$65.00
<input type="checkbox"/> 2 Days	\$60.00	<input type="checkbox"/> 2 Days	\$50.00
<input type="checkbox"/> Sibling	\$40.00	<input type="checkbox"/> Sibling	\$40.00
<input type="checkbox"/> Drop Off	\$30.00	<input type="checkbox"/> Drop Off	\$30.00

*Are you a YMCA Member? _____ (Discounts Apply)

Camp Fees (Staff will fill out)

SESSION		FEE		DEPOSIT		SESSION TOTAL	
		Number of Campers		DISCOUNT (only if more than 1 camper)			
<input type="checkbox"/>	Session 1 _____				=		
<input type="checkbox"/>	Session 2 _____				=		
Session Total _____				Total		Grand Total _____	

PARENT AGREEMENT

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends. I am aware that a completed medical form signed by a physician is required before my child may begin camp. In addition, I am fully aware that to reserve a space, **I must make a deposit of \$25** and submit a registration form. I am fully aware that should my child change camps after the start of the session **there is \$25 change fee**. I fully understand and approve of my child being photographed for Ridgewood YMCA publicity. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent or Guardian: _____ Date: _____

Signature of Administration / Title: _____ Date: _____

CAMPER INFORMATION FORM

Child's Name: (First, Last): _____

What does the child like to do the most?

Does the child have any allergies?

Check One: YES _____ NO _____

If Yes, please indicate: _____

Does the child take any medications?

Check One: YES _____ NO _____

If yes, please indicate: _____

Please provide our staff with any additional information that will assist us in taking care of your child during Summer Camp:

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STANDARD RELEASE FORM

From time to time, the YMCA of Paterson (the "YMCA") takes pictures or records videos of members and non- members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Signature

Date

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Mailing Address

Phone Number (Optional)

Email Address (Optional)

