



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Welcome Camp Gan Israel

CAMP GAN ISRAEL - AM CARE - PM CARE & BUS REGISTRATION									
CAMPERS NAME					AGE AT CAMP		DATE OF BIRTH		
PARENT/ GUARDIAN:							CELL PHONE:		
AM CARE: \$44.00 per week					PM CARE: \$55.00 per week				
BUSING: \$57.00 per week								EMAIL:	
To register for YMCA AM/PM care or Busing you must also complete the attached health forms and waiver.									
1. AM/ PM CARE - Put an "X" in the boxes for the weeks that you will need care.									
2. BUSING - Circle the bus stop that your camper will be getting on and off from and weeks needed									
AM CARE REGISTRATION - WILL BE HELD AT THE CAMP YOUR CHILD IS REGISTERED FOR (AM CARE BEGINS AT 7:15AM)									
PUT AN "X" IN WKS NEEDED	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9
		6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21				
PM CARE REGISTRATION - WILL BE HELD AT THE CAMP YOUR CHILD IS REGISTERED FOR (PM CARE ENDS AT 6:00PM)									
PUT AN "X" IN WKS NEEDED	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9
		6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21				
BUSING OPTIONS - TO CAMP CARR AND SPORTS CAMP ONLY/ DEER PATH BRANCH									
Please circle the bus stop that your child will be getting on and off from. Then put an "X" in the box to the right for the weeks you will need busing							SESSION/ WEEKLY	PUT AN "X" in the box of weeks needed	
ROUTE 1		Pick Up	Drop Off	ROUTE 3		Pick Up	Drop Off		
Luggage Factory	7:45	4:50	Washington's A&P on Route 31	7:30	4:55				
Barley Sheaf Elementary School	7:55	4:40	St. Anns in Hampton	7:45	4:45	6/26-6/30			
Three Bridges Firehouse Upper Lot	8:05	4:20	Califon A & P	8:00	5:15	7/3-7/7			
Deer Path YMCA	8:20	4:10	High Bridge Elementary School	8:10	5:25	7/10-7/14			
ROUTE 2		Pick Up	Drop Off	ROUTE 4		Pick Up	Drop Off	7/17-7/21	
Old York School	7:35	5:05	Holland Township Elementary School	7:30	5:05				
Kings Plaza	7:45	4:50	Lester D. Wilson School	7:45	4:50				
Boehms Golf Center on Rte 22	7:50	4:40	Our Lady of Victory Parish Rte 519	8:00	4:40				
YMCA Round Valley Branch	8:00	4:35	Robert Hunter Elementary School	8:10	4:30				
Clinton A&P	8:05	4:25							

THE HUNTERDON COUNTY YMCA IS PLEASE TO WELCOME CAMP GAN ISRAEL

HOW TO REGISTER FOR CAMP

Because you are part of Camp Gan Israel we are waiving the normally required membership fee to take part in YMCA camp programs.

To register for AM/PM Care or Busing you must come to the Deer Path or Round Valley branches of the Hunterdon County YMCA. You may also submit your registration and payment (Checks payable to the Hunterdon County YMCA) to Camp Gan Israel Administration who will then communicate your registration to the YMCA. This must be done no later than 5 days before the start of a new camp week to ensure rosters are complete for the first day of camp.

- Payment in full for AM/PM and or Busing is due in full upon registration (CHECKS PAYABLE TO: Hunterdon County YMCA)
- Registration for each session ends 5 days prior to the session/ week you are registering for.

PARENT INFORMATION

Please download the parent information packet from the camp page of our website, www.hcymca.org. The information packet contains details for each camp, including pick-up and drop-off procedures & what a child needs to bring to camp.

IMPORTANT! AVOID BEING BLOCKED OUT OR ADDITIONAL FEES

Please note that these policies and regulations are in place to ensure we have accurate attendance rosters at the start of a session and for the safety of your child.

- Late AM/PM sign-up: When signing up for AM/PM care during the week that care is needed you will incur a \$25.00 processing fee in addition to the care fee.

- Late Pick-up from camp (after 6:00 PM pick-up) A \$15.00 late fee will be charged for the first 15 minutes or any portion thereof and \$15.00 for every 15 minutes or portion of thereafter (according to the directors cell phone)

EXTENDED CARE

Extended care is a supervised recreation program available for all full day camp programs. Daily or hourly rates are not available. Transportation must be provided by the parent.

Sign-up prior to session(s) needed. Late sign-ups, the week of attending session, will incur a \$25 processing fee in addition to the care fees.

BUS TRANSPORTATION:

Transportation routes include drop off and pick up at Camp Carr in addition to the Deer Path location.

2017 CAMP HEALTH INFORMATION

Camper Name:

Date of Birth

THIS FORM MUST BE COMPLETED AND RETURNED TO THE YMCA UPON REGISTRATION
IMMUNIZATION RECORDS NEEDED BY JUNE 1ST! NO PHYSICAL NEEDED

****We are required by the state to maintain Immunizations records. Your Immunization Record must show that your child has been immunized against Diphtheria, Tetanus, Polio, Measles, Pertussis, Mumps, Rubella Haemophilus, Influenza Type B, Pneumococcal (PCV), Hepatitis B, Hepatitis A, Varicella (Chicken Pox), Meningococcal Meningitis (MCV4), and Tuberculosis (TB) test or a statement from your physician that immunization is in progress.****

ALLERGY ALERT

PLEASE LIST YOUR CHILD'S ALLERGIES: INCLUDING FOOD, MEDICATIONS & ENVIRONMENTAL. (DETAILED SECTION WITHIN HEALTH FORM)

MEDICATION ALERT

PLEASE LIST YOUR CHILD'S MEDICATION (DETAILED SECTION WITHIN HEALTH FORM)

Does your child have an EpiPen? YES NO (If yes, YMCA must be provided with it)

PLEASE CIRCLE THE LOCATION OR LOCATIONS THAT YOUR CHILD IS REGISTERED AT:

Gender: M or F

Age at Camp:

Mailing Address:

Contact Email:

Town:

State:

Zip Code

Parent 1's Name

Cell Phone

Address if different from above

Mailing Address:

Contact Email:

Town:

State:

Zip Code:

Parent 2's Name

Cell Phone

Address if different from above

Mailing Address:

Contact Email:

Town:

State:

Zip Code:

Marital Status: (please circle)

Married

Divorced

Separated

Widowed

Unmarried

Partner

Custody Schedule (if applicable)

If there is a court order restricting visitation/ pick-up, a copy must be provided to the Camp Director

Parent 1's Employer

Parent 2's Employer

Town:

Town:

Office Phone

Office Phone

Allergy Detail: Please list allergy and reaction

Medication: (please list medications and for what reason)

Any dietary restrictions?

Chronic or recurring illness or medical conditions? (please list and explain)

Operations or serious injuries? (please list and explain)

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATIONS

Please list all persons authorized to pick up your child. Parents or guardian names must be included on this list. You will be given pick up cards to distribute to everyone on this list, which must be presented when picking up your child. In emergency situations only, parent/guardian may give verbal and/or written permission for an individual, who is not on this list, to pick up child. No child will be released without a pick up card or emergency verbal/written permission. NO exceptions will be made to this policy. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at any time, however you will be responsible for retrieving any invalid cards. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at program.

1. Name:

Relationship to child:

Contact Number:

3. Name:

Relationship to child:

Contact Number:

2. Name:

Relationship to child:

Contact Number:

4. Name:

Relationship to child:

Contact Number:

THE FOLLOWING INDIVIDUALS ARE NOT ALLOWED TO PICK-UP MY CHILD

1. Name:

Relationship to Child:

2. Name:

Relationship to Child:



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WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I give my permission for my child to participate in all program activities, at the HCYMCA. He/she is in good health and may participate in normal program activities unless I specify otherwise on the personal history form. I consent that photographs taken of my child are the property of the Hunterdon County YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of a medical emergency, I authorize the staff of the Hunterdon County YMCA Camp programs to seek emergency care for my child. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well being. I agree to adhere to all camp policies listed in this brochure and in the parents packet.

In consideration for being permitted to utilize the facilities, services, and programs of the HUNTERDON COUNTY YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the HUNTERDON COUNTY YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the HUNTERDON COUNTY YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE HUNTERDON COUNTY YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE HUNTERDON COUNTY YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the HUNTERDON COUNTY YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the HUNTERDON COUNTY YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the HUNTERDON COUNTY YMCA premises or in any way observing or using any facilities or equipment of the HUNTERDON COUNTY YMCA or participating in any program affiliated with the HUNTERDON COUNTY YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the HUNTERDON COUNTY YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the HUNTERDON COUNTY YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of NEW JERSEY and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant Name: _____ (Please print name above and sign below. If under 18 years old, parents or legal guardians must sign below)

Participant Signature (if over 18) _____ **Date** _____

(Parent/ Guardian 1) Signature Name _____

(Parent/ Guardian 1) Printed Name _____ Date _____

(Parent/ Guardian 2) Signature Name _____

(Parent/ Guardian 2) Printed Name _____ Date _____