



Camper's Last Name: _____ Camper's First Name: _____

Address _____ Male Female
 City, State, Zip _____ Birthdate: _____
 Home Phone (inc. area code) _____ Grade Entering Sept '12 _____
 T-Shirt Size (check one) Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Camp Registration

Traditional Day Camps			Blast!	1	2	3	4	5	6	7	8	Blast!	Blast!
	Camp Fees	Days Attending	6/18-6/22	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17	8/20-8/24	8/27-8/31
<input type="checkbox"/> Camp Adventure	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F										RF Y	
<input type="checkbox"/> Camp Round-N-About	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
<input type="checkbox"/> Camp Palmyra	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
<input type="checkbox"/> Camp Kaleidoscope	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
<input type="checkbox"/> Sports Camp	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
<input type="checkbox"/> Camp Discovery	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
<input type="checkbox"/> Camp Worth	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
Specialty Camps			6/18-6/22	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17	8/20-8/24	8/27-8/31
<input type="checkbox"/> Sports Camp	3 day \$180 4 day \$215 5 day \$225	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											
<input type="checkbox"/> Blast Off (Mt. Laurel)	\$65 Day \$290 Week	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	ML										
<input type="checkbox"/> Last Blast (Mt. Laurel)	\$65 Day \$290 Week	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F										ML	
<input type="checkbox"/> Last Blast (Riverfront)	\$65 Day \$290 Week	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F											BRF
Teen Programs			6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17	8/20-8/24		
<input type="checkbox"/> Teen Travel (Worth)	\$290/week												ML
<input type="checkbox"/> Teen Travel (Discovery)	\$290/week												ML
<input type="checkbox"/> Teen Travel (Adventure)	\$290/week										BRF		ML
<input type="checkbox"/> CIT	\$500												
Kindercamp			Session 1	Session 2	Session 3	Session 4							
<input type="checkbox"/> Half-Day Kindercamp	\$175/2-week session	Tues, Wed, Thurs, 10am-1pm	<input type="checkbox"/> 6/25-7/6	<input type="checkbox"/> 7/9-7/20	<input type="checkbox"/> 7/23-8/3	<input type="checkbox"/> 8/6-8/17							

Parent Statement Of Understanding

My child is in good health and can participate in the normal activities of the program. _____ Initial Here

I agree to follow YMCA Camp payment policies. _____ Initial Here

I have reviewed a copy of the YMCA Camp Parent Handbook's policies & procedures. _____ Initial Here

I understand that my child must be physically signed in and out of the program by an authorized **adult** daily. _____ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damage to personal articles. _____ Initial Here

I, along with my child, have reviewed the Camper Behavior Policy (on the payment page of the registration). _____ Initial Here

I give permission for the YMCA of Burlington and Camden Counties to:

- 1) Seek medical treatment for my child, in my absence, in the event of an emergency. _____ Initial Here
- 2) Use any photos, voice recordings or videos taken of my child for any and all promotional purposes. _____ Initial Here
- 3) Transport my child as necessary for camp activities which may include busing for swimming and field trips. _____ Initial Here
- 4) Allow my child to go on short walks under YMCA staff supervision. _____ Initial Here

Child's Name _____

Parent/Guardian Information

Parent 1 or Legal Guardian Information	Parent 2 or Legal Guardian Information
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent should be contacted in the event of an emergency Yes No

Emergency Contacts
(Two contacts other than parent/guardian that campers may be released to if parents are unavailable)

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____

Medical and Behavior Questions to help us provide the best care possible

Copies of immunization records must be on file at camp office prior to the start of camp.

Has your child been diagnosed or treated for the following:

Asthma Allergies Special Dietary Needs

Allergies to Insect Stings Seizures Spectrum Disorder

Allergy to Poison Ivy ADD/ADHD Other _____

Family Physician Information
Physician's First/Last Name: _____
Phone Number: _____
Insurance Carrier: _____
Policy Number: _____

If any box has been checked above, please provide details for each one:

Signs or symptoms to watch for:

Any additional information that may be helpful to us:

Please list current medications, prescribed and over the counter, that your child is currently taking:

Would you like to discuss your child's personal medical or behavioral needs with the Camp Director prior to the start of camp?

Yes No

Contact Number: _____ Best Time of Day to Be Reached: _____

Parent/Guardian Signature: _____ Date: _____

Deposits

A \$75 deposit is required for EVERY week/session.
Deposits are non-refundable and non-transferable.
Deposits are due at the time of registration.

Payment Due Dates

Deposit is due with registration form: \$75 per week/session.
Payment 1 for Blast Off, Week 1, Week 2, and Week 3 is due **April 1, 2012**.
Payment 2 for Week 4, Week 5, Week 6, Week 7 is due **May 1, 2012**.
Payment 3 for Week 8, Week 9, Last Blast ML and Last Blast RF is due **June 1, 2012**.
All registrations received after June 1 must be paid in full.

Sibling Discount

A 10% sibling discount will be applied for any siblings that are registered for a 5 day program during the same week.
The sibling discount will be applied to the younger camper's rate and cannot be applied for the week of July 4th.

Membership Fees

\$75/Program Member \$150/ Family Program Member Current Program Member Full Facility Member
All Campers must be YMCA members. Membership fees are non-transferable and non-refundable.

Payment Calculator

Membership Fee	_____
Camp Fees x Weeks	_____
Subtotal	_____
Sibling Discount	_____
TOTAL	_____

Payment Method

Check# _____ Visa MasterCard Discover AMEX
Payment Amount _____ Credit Card Number _____ Exp. _____
PERSON RESPONSIBLE FOR PAYMENT: _____
Signature: _____ Billing Zip Code: _____

Credits (In House Only)

Refunds are *not* available for Deposits, Membership or Camp fees. In-house credit will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.

Financial Assistance

Financial Assistance applications are available at both YMCA branches and on our website, www.ymca-bc.org.
Applications will be accepted beginning February 13, 2012. Funds are limited - APPLY EARLY!
February 13 - Financial Aid application process opens. 2010 tax returns accepted.
March 1 - Financial Aid applications MUST include 2011 tax return.



Camp Behavior Policy

In order for all campers to have the best possible experience, all campers need to be aware of the rules and agree to follow them. If a camper consistently or excessively breaks the rules and chooses not to take part in camp, they negatively impact other campers by jeopardizing their physical or emotional safety. When this happens, all other campers fail to receive the best possible camp experience.

Camp Rules:

- 1) Treat myself, others, and camp with Caring, Honesty, Respect and Responsibility.
2) Follow direction and instructions from staff.
3) Keep hands, feet and all other body parts to myself.
4) Respect all camp facilities, equipment and property.
5) Have FUN!

Camper Consequences:

- 1) Redirection of camper
2) Child will receive a verbal warning or time out.
3) Child will visit with a camp director and call home. Child will speak to parents at that time.
4) In the event that a second phone call is necessary, the child will be sent home.
5) In the event of consistent/excessive failure to follow the rules the camper will be sent home.
6) If a camper severely endangers the physical, mental or emotional health of another individual, he/she may be sent home immediately.

Please help us by answering just 3 more questions...

- 1. Are you a returning Y camper?
2. How did you hear about Summer Day Camps at the Y (please check all that apply)?
3. Would you like a phone call in regards to full facility, adult and family memberships at the Y?

THANK YOU!



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Our Mission

The YMCA of Burlington & Camden Counties nurtures life lessons in kids, fosters health and well-being among people of all ages and provides support for families and communities through programs committed to improving an individual's spirit, mind and body.