

# MADISON AREA YMCA

Family Center  
111 Kings Road  
Madison, NJ 07940  
(973) 822- YMCA  
Fax: (973) 377-1064



Kirby Center  
54 East Street  
Madison, NJ 07940  
(973) 377- 4945  
Fax: (973) 377- 8534

## 2010 SUMMER CAMP REGISTRATION

Camper  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
street town state zip

Grade as of September 2010: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Parent/Guardian #1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camper Resides With: \_\_\_\_\_

Sibling at Kirby or Camp?  Yes  No If yes, what program? \_\_\_\_\_

Physician : \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Any allergies camper may have to insects, food or medication? \_\_\_\_\_

Special Needs: \_\_\_\_\_

(see attached form for additional information, if necessary)

Special Requests (if you would like your child to be with a friend), **PLEASE NOTE HERE:**

### **EMERGENCY CONTACTS/AUTHORIZED PICK-UP**

List all people who are authorized to pick-up and/or to be called in regards to the camper. Licensing **REQUIRES AT LEAST TWO EMERGENCY CONTACTS.**

**\*\*Do not list parents name again; they will always be called first\*\***

1. Only the parents and the people listed below will be allowed to pick up the camper. Parents must notify the camp of any changes to the pick-up list.
2. The camper must be signed in when dropped off and signed out when picked up. All Summer Ventures campers must be signed in and out. Summer Ventures campers who are 12 or older may sign themselves out, with written parent permission.
3. In separation or divorce cases, a court order is required to prohibit the "other" parent from picking up his/her child. Please fill out the AUTHORIZED PICK UP/COURT ORDER form included, if needed.

\_\_\_\_\_ name relationship phone

\_\_\_\_\_ name relationship phone

\_\_\_\_\_ name relationship phone

## Parent Agreement

I hereby grant the Family Center and the Kirby Center of the Madison Area YMCA and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety. I understand that in the event of serious injury, an ambulance will be called to transport my child to the hospital. I understand that my child must comply with the camp's rules and standards of behavior. I agree that the Madison Area YMCA has the right to enforce appropriate standards of conduct and that the organization may terminate my child's participation in the camp program if he/she does not maintain these standards. I further give my consent for the use of my child's comments and his/her photographs/video in YMCA promotional materials. I give my child permission to attend Camp trips walking and/or on the YMCA bus. I also authorize and give my permission to the Madison Area YMCA to apply insect repellent (with DEET) and sunblock (SPF 30 and Paba Free) as needed. (The Kirby Center supplies sunblock and insect repellent; the Family Center does not.)

## Waiver For YMCA Classes

Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Young Men's Christian Association (the "YMCA"), use of its equipment or facilities and participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns, hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA. My child is physically capable of participating in such programs and agrees not to participate in any activity that may injure others or him/herself.

## Receipt of Parent Information

**I have received the following documents and agree to abide by the terms and conditions contained herein:**

- ✓ New Jersey Division of Youth and Family Services: Information to Parents
- ✓ F.M. Kirby Children's Center Children with Special Needs
- ✓ F.M. Kirby Children's Center Authorized Pick Up/Court Order
- ✓ Summer Day Camp Brochure 2010

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For statistical purposes, our funding sources require that we collect the following data:

Ethnicity:  White     Hispanic     African/American     Asian     Mixed     Other  
 Native American    \_\_\_\_\_ # in household    \_\_\_\_\_ # siblings

<b>FOR OFFICE USE ONLY</b>
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Billing Person/Institution: \_\_\_\_\_

If not a current YMCA member, BLUE membership form attached with additional fee of \$48: \_\_\_\_\_

Extended care needed?     No     Yes. Add \$24/wk to my weekly camp fee.

Completed Medical Form attached?     Yes     No- My child's appointment is scheduled

### **PAYMENT INFORMATION**

Payment amount \$ \_\_\_\_\_

Cash

Money order/Check # \_\_\_\_\_

Staff Initials: \_\_\_\_\_