



New Jersey YMHA-YWHA Camps

Short Stay Application - 2010

Create an account and apply online! WWW.NJYCAMP.ORG

CITY OFFICE 21 Plymouth Street Fairfield, NJ 07004 Tel. (973) 575-3333 Fax (973) 575-4188	SUMMER OFFICE 570 Sawkill Road Milford, PA 18337 Tel. (570) 296-8596 Fax (570) 296-6381
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Camper Name: _____

Choose Short Stay Program:

Program	<input type="checkbox"/>	Length	Dates	Entering Grade (Sep. 2010)	Fee
Short Stay Nah Jee Wah	<input type="checkbox"/>	1 Week ++92Y Kesher Jr	July 19 to July 25	2 through 4	\$1000
	<input type="checkbox"/>	2 Weeks	June 29 to July 11	1 through 6	\$1900
	<input type="checkbox"/>	2 Weeks ++92Y Kesher	July 26 to August 8	3 through 6	\$1900
	<input type="checkbox"/>	3 Weeks	June 29 to July 18	1 through 6	\$3300
	<input type="checkbox"/>	3 Weeks * ++92Y Kesher	July 26 to August 15	3 through 6	\$3000
* 3 Week Kesher Program <i>Includes</i> Total Specialty Camp - Select Area Below ++ 92Y Kesher and Kesher Jr. Sessions are in partnership with the 92nd Street Y					
Short Stay Cedar Lake Camp	<input type="checkbox"/>	2 Weeks ++92Y Kesher Sr	July 26 to August 8	7 and 8	\$1900
	<input type="checkbox"/>	3 Weeks * ++92Y Kesher Sr	July 26 to August 15	7 and 8	\$3000
* 3 Week Kesher Program <i>Includes</i> Total Specialty Camp - Select Area Below ++ 92Y Kesher Sr. Sessions are in partnership with the 92nd Street Y					
First Step <i>An introduction to sleep away camp at Nah Jee Wah</i>	<input type="checkbox"/>	Weekend	August 6 to 8	1 through 5	\$220
	<input type="checkbox"/>	Mini	August 8 to August 11	1 through 5	\$330
	<input type="checkbox"/>	5 Days—Combo	August 6 to August 11	1 through 5	\$550
	<input type="checkbox"/>	5 Days	August 22 to 27	1 through 6	\$550
Total Specialty Camps	<input type="checkbox"/>	1 Week	August 8 to August 15	1 through 10	\$1100
Choose one of the following specialty areas:			Dr Lynne B Harrison Science Center		
<input type="checkbox"/>	Lenny Krayzelburg Swimming	<input type="checkbox"/>	92nd Street Y Ceramics	<input type="checkbox"/>	Astronomy
<input type="checkbox"/>	Herb Brown Basketball	<input type="checkbox"/>	92nd Street Y Painting and Drawing	<input type="checkbox"/>	Physics
<input type="checkbox"/>	Maccabi Great Britain Soccer	<input type="checkbox"/>	92nd Street Y Jewelry Making (Grades 7 to 10 Only)	<input type="checkbox"/>	Biology
<input type="checkbox"/>	Ron Blomberg Baseball	<input type="checkbox"/>	ErGo Media Film-Making (Grades 7 to 10 Only)	<input type="checkbox"/>	Chemistry
<input type="checkbox"/>	Israel Tennis Centers Tennis	<input type="checkbox"/>		<input type="checkbox"/>	Physiology and Kinesiology
<input type="checkbox"/>	Leading Edge Lacrosse				

ACCEPTANCE IS NOT OFFICIAL UNTIL WRITTEN CONFIRMATION IS RECEIVED FROM THE CAMP OFFICE.

Fee includes excess medical insurance, gratuities and registration. (No tipping is permitted).

\$600 minimum deposit before April 1, 2010 is required for all sessions. Balance must be paid by April 1, 2010. Registrations received on or after April 1, 2010 must be paid in full. This application **CANNOT** be processed unless signed by a parent or guardian. Make checks payable to the **NJY Camps**. We accept Visa, Mastercard, Discover, American Express, personal checks and bank checks.

Credit Card # _____ Exp Date ____/____ CV2 _____

Name on Card: _____ Amount Charged: \$ _____

Card Billing Address: _____

I have read **all the terms and the terms described on this** application. I am financially responsible for all fees incurred.

THIS APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY A PARENT OR GUARDIAN!

Signature _____

Camper _____
CHILD'S LAST NAME FIRST NAME MIDDLE NAME

Residence _____ Home Phone () _____
NUMBER AND STREET CITY STATE ZIP

Family E-Mail Address _____ Fax Phone () _____

Date of Birth ____/____/____ Gender _____ Grade in Sep. 2010 _____ Height _____' _____" Weight _____ lbs.

Attended Camp Before? _____ If so, where? _____ When? _____

Father/Guardian Name _____ Relationship to Camper: _____
Father, Step-Father, Grandfather, Guardian, Other Relative

Occupation _____ Company Name _____

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

Mother/Guardian Name _____ Relationship to Camper: _____
Mother, Step-Mother, Grandmother, Guardian, Other Relative

Occupation _____ Company Name _____

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

Parents' Relationship: (Please Circle) Married Separated Divorced Widowed Single

If not married, full name of person responsible for payment _____

Emergency Contact: _____ Phone () _____

Name of Synagogue (if any) _____ Town _____

Name of School _____ Town _____

TERMS OF ENROLLMENT (Please Read Carefully!)

1. Priority in registration is given to members of the affiliate YM-YWHA's and Jewish Community Centers in New Jersey. No person shall be excluded from admission on grounds of race, color or national origin.
2. In accepting enrollment, the camp reserves a place for the child. If, for any reason, the enrollment must be cancelled, the Camp must be advised of this in writing with the following understanding:
Cancellation of enrollment for Short Stay programs, will be fully refunded at any time prior to start of program.
3. No allowance or refund will be made for transportation or laundry since charges for those items are based on collective arrangements for ALL campers.
4. The camp is not responsible for the camper's equipment or personal belongings; while in transit or at camp, if lost or damaged by fire, theft, laundry, or in any other manner.
5. It is clearly understood that parent or guardian signing this application certifies that the child is normal and healthy. This application is accepted subject to a physical examination by a physician. Camp is herein authorized to contact prior recreational and/or camp placements to gather information.
6. It is expressly understood and agreed that, if the Camper leaves the Campus without the express permission of the camp director, if the Camper damages or defaces Camp property, or if the Camper's conduct or influence is inimical to the best interests of the Camp, the Camper may be dismissed at the sole discretion of the Director with no refund nor reduction of fee. The camper agrees not to smoke or possess cigarettes in Camp.
7. In case of late arrival, dismissal, or withdrawal of the child for ANY reason whatsoever, there will be no refund for camp fees for time reserved. In the event the child is sent home because of illness or accident and upon orders of the camp physician, a refund will be made for the unexpired portion of the term.
8. Applications are accepted reserving the right and responsibility of Camp Administration to place campers according to its own age-level and readiness standards.
9. Camp is herein authorized to use analog and/or digital photographic, audio and/or video reproductions of the child electronically and in literature for interpretive purposes, advertising and to participate in research studies conducted by the NJ Y Camp.
10. I hereby give permission for my child to leave Camp grounds for Camp programs.
11. I hereby give permission for my child to participate in any and all camp activities. I fully understand that some of their choice activities may include certain inherent risks.
12. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the PA Court of Common Pleas located in Pike County, PA, and shall be construed in accordance with the laws of Pennsylvania.
13. When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
14. **IN CASE OF SURGICAL OR MEDICAL EMERGENCY** the parent hereby gives permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.