



New Jersey YMHA-YWHA Camps Family Camp Registration - 2012

Create an account and apply online! WWW.NJYCAMP5.ORG

CITY OFFICE 21 Plymouth Street Fairfield, NJ 07004 Tel. (973) 575-3333 ext. 130 Fax (973) 575-4188 families@njycamps.org	SUMMER OFFICE 570 Sawkill Road Milford, PA 18337 Tel. (570) 296-8596 Fax (570) 296-6381
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Family Name _____

Address _____
NUMBER AND STREET CITY STATE ZIP

Home Phone _____ Cell Phone _____ Email _____

How did you hear of us? _____ Have you attended family camp before? _____

If you would like to be housed near other families, please indicate name(s) _____
We will do our best to accommodate requests to our best ability

Number of Gluten Free Meals requested per family _____ Additional Requests: _____
Gluten Free Weekend: All Meals are Gluten Free

Program Dates	Number of Adults	Price Per Adult	Total Price Adults	Number of Children	Price Per Child (0-18yrs)
Family Camp Weekends					
<input type="checkbox"/> Jun 15 — 17 (2 Nights)		\$250	\$		FREE
<input type="checkbox"/> Aug 24— 26 (2 Nights)		\$250	\$		FREE
<input type="checkbox"/> Aug 31 — Sep 3 (3 Nights)		\$300	\$		FREE
Single Parent Family Weekends					
<input type="checkbox"/> Jun 15 — 17 (2 Nights) Housed & Programmed with Family Camp 1		\$250	\$		FREE
<input type="checkbox"/> Aug 19 — 21 (2 Nights)		\$250	\$		FREE
Intergenerational Family Weekend					
<input type="checkbox"/> Aug 31 — Sep 3 (3 Nights)		\$300	\$		FREE
Jewish Adoptive Family Weekend: "Forever Families"					
<input type="checkbox"/> Jun 8— 10 (2 Nights)		\$250	\$		FREE
Celiac Family Weekend					
<input type="checkbox"/> Jun 1— Jun 3 (2 Nights)		\$250	\$		FREE

Attendee Information

Attending Adult's Full Name	Adult's Birth Date	Attending Child's Full Name	Child's Birth Date	Grade in School Sept. 2012	Current NJY Camper?

Is there additional information you wish to share with us about your family? _____

Please Complete Reverse Side

Payment Information– Please PAY IN FULL

Credit Card # _____ Exp Date ____/____ CW2 _____

Name on Card: _____ Payment Amount: _____

Card Billing Address: _____

Donate to the Celiac Disease Center at Columbia University

Celiac Disease Center at Columbia University

Celiac Disease is an incurable autoimmune disorder characterized by intolerance to gluten, a protein found in wheat, rye and barley. This intolerance damages the small intestine causing malabsorption of nutrients. In children, symptoms of the disease may include gastrointestinal problems, failure to thrive, tooth discoloration, short stature or developmental delays. In adults, untreated Celiac Disease may be associated with anemia, osteoporosis, thyroid disease, rheumatoid arthritis or infertility as well as Type 1 diabetes and certain cancers. An estimated 3 million Americans have Celiac Disease yet 97% of cases are undiagnosed, leaving millions at risk.

The Celiac Disease Center at Columbia University Medical Center is one of a few centers in the United States that provides comprehensive medical care, including nutritional counseling, for adult and pediatric patients with celiac disease. www.celiacdiseasecenter.org.

If you would like to make a donation to the **Celiac Disease Center at Columbia University** you may do so here:

Donation Amount \$ _____ (100% to benefit the Celiac Disease Center)

Payment Information– Sign & Confirm Amount

Total to be charged on your credit card \$ _____ (Family Camp Fee + Donation)

Payment in full for each person must accompany the reservation form. Make check payable to NJY Camps. There is no reduction for late arrivals or early departures. I have read **the terms on the reverse side of this application and the terms described below**. Space is limited.

Signature _____

TERMS OF ENROLLMENT (Please Read Carefully!)

1. Refunds will be made only if the camp receives notice by fax, mail or email 7 days in advance of arrival.
2. I realize that no environment is risk-free. I understand that part of the NJY Camps experience involves terrain, facilities, activities and group interactions that may be new to me, and that they come with uncertainties beyond what I may be used to dealing with at home. I am aware of these risks, and I am assuming them on my behalf.
3. I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.
4. NJY Camps is herein authorized to use analog and/or digital photographic, audio and/or video reproductions electronically and in literature for interpretive purposes, advertising and to participate in research studies conducted by the NJY Camps.
5. 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.
6. 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.