Summer Day Camp Program Application

Fanwood-Scotch Plains YMCA
1340 Martine Avenue, Scotch Plains

Membership Information
___ Family
___ Basic

Child's Name _____ **Date of Birth** _____ **Sex M**_____ **F**_____

Address _____ **Town** _____ **Zip** _____

Home Phone_____

1st Parent/Guardian's Name _____ **2nd Parent/Guardian's Name** _____**Marital Status** _____

1st Parent/Guardian's Occupation _____ **Work/Cell Number** _____

2nd Parent/Guardian's Occupation _____ **Work/Cell Number** _____

Doctor's Name & Phone _____ **Hospital** _____

List two contacts that can pick up your child if there is a problem and you can not be reached.

Name_____ **Work/Cell Number** _____

Address _____ **Relationship** _____

Name_____ **Work/Cell Number** _____

Address _____ **Relationship** _____

Please Circle: **Session 1** **Session 2** **Session 3** **Session 4** **Mini-Session**

One Week Sessions: **Week 1 Week 2** **Week 1 Week 2** **Week 1 Week 2** **Week 1 Week 2**

Camp Mak
9:00-4:00
Completed K _____
Completed 1st _____
Completed 2nd _____
Completed 3rd _____

Adventure Camp
9:00-4:00
Completed 4th _____
Completed 5th _____

Crossroads Camp
9:00-4:00
Completed 6th _____
Completed 7th _____
Completed 8th _____

CIT Program
9:00-2:00
Session 1 (June 23-July 18) _____
Session 2 (July 21-August 15) _____

Extended Care Options for Camp Mak, Adventure Camp and Crossroads Camp:
AM Care (7:00-9:00)_____
PM Care (4:00-6:00)_____
Both AM & PM Care (7:00-9:00 & 4:00-6:00pm)_____

--New Jersey State Law requires a medical form on file in our office before the child attends our program. If parents can not be reached in an emergency the YMCA's doctor will be contacted and if needed the local Rescue Squad will take your child to the nearest hospital. Continued efforts will be made to reach you.
--I, individually and on behalf of my minor child(ren), hereby release and hold the Fanwood-Scotch Plains YMCA, its assigns and successors, its directors, officers, volunteers, and/or others acting on its behalf harmless from all claims that I/we may have arising from activities that I/we may be involved in with the YMCA. I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my/our YMCA activities. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that the YMCA does not carry insurance to cover injuries and losses that may befall me/us. I consent to be photographed and to allow YMCA's use of any photos of me or my minor child(ren) at its sole discretion. HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

_____ _____

Signature of Parent/Guardian Date