



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CAMP REGISTRATION FORM - CIT PROGRAM 2011

YMCA of Greater Bergen County

Camper's Name _____ Gender M F Birth Date _____

Entering Grade 2011 _____

Mailing

Address _____
Street City State Zip

Parent/Guardian's Name _____

Parent/Guardian's E-Mail (Please Print) _____

Home Phone _____ Cell Phone _____

Work Phone _____

How did you hear about us? _____

Full YMCA Membership? Y N Exp _____

YMCA CAMPS' AGREEMENT WITH CAMPER'S PARENT/GUARDIAN

Deposit Requirements: \$125 per camper, per session deposit is required at registration. I agree to pay the remaining balance TWO WEEKS PRIOR to the first session.

Refund Policy: Deposits are non-refundable. Fees paid over and above the deposit are refundable ONLY if cancellation is made at least 30 days prior to the start of camp session. Entire camp fees are non-refundable if a camper leaves due to homesickness, dismissal or voluntary withdrawal. If a camper must withdraw from camp for medical reasons, a doctor's note is required and a refund will be given for the unused portion of camp.

Our camps are for those who enjoy camping. Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, sex, age and disability. It is understood that all campers will be treated as individuals and respect shown for reasonable differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose needs we are not able to meet or shows conduct is not in the best interest of the total camp, without refund.

The Y is granted the right to use any and all pictures and videos taken of camp activities in their production of materials for promotion of Y activities. Believing my child is qualified for camp life, I give permission for my child to take part in all activities and understand there is some risk involved in all physical activities. I agree to place him/her in care of the camp, subject to all its rules and regulations.

I agree to complete and return required information as located in the Parent Packet which can be downloaded at www.ymcagbc.org. This includes the Medical Form.

Signature of Parent/Guardian _____ Date _____

Relationship to camper _____

STEP 1 Pick Your Sessions (Circle your choices)

Session 1 June 27-July 9 AND July 11 - July 23

Session 2 July 25 - Aug 6 AND Aug 8 - Aug 20

STEP 2 Calculate Your Fees (Cost Per Session)

Members \$1,400

Non-Members \$1,500

STEP 3 Balance

Camp Sessions Sub Total \$ _____

I would like to contribute to the Strong Kids Campaign \$ _____

TOTAL \$ _____

STEP 4 Payment Options

_____ Pay in Full Now (cash in person, check, or bill credit card in full as listed below)

_____ Pay Camp Deposits (\$125 per session) and Membership/Strong Kids (if applicable) now and pay my remaining balance by Credit Card which will be divided by equal payments to be drafted on the 25th of each month until June 2011. (Complete payment information below.)

_____ Pay Camp Deposits (\$125 per session) and Membership/Strong Kids (if applicable) now and I agree to pay the remaining balance TWO WEEKS PRIOR to the first session.

CREDIT CARD INFORMATION

_____ American Express _____ Visa _____ Master Card

Charge Card Number _____ Exp. _____

Signature of Card Holder _____ Date _____

Registration Form and Fees may be turned in at the YMCA or mailed to YMCA of Greater Bergen County, 360 Main Street, Hackensack, NJ 07601. Fax: 201-487-4539, Attn: Camp Department.