



2014 OCKANICKON & MATOLLIONEQUAY REGISTRATION FORM

Please print legibly, complete all sections and mail pages 1-4 with payment to:

YMCA Camp Ockanickon 1303 Stokes Road, Medford NJ 08055 or fax to 609-654-8895

For more information, please call 609-654-8225 or email info@ycamp.org

↓ YOUR CAMPER'S INFORMATION HERE ↓

Camper Information: Male Female

First Name _____ Last Name _____

Birth Date _____ Current School Name _____ Grade Entering Fall'14 _____

Returning Camper? Yes No Shirt Size Circle One: Youth S M L Adult S M L XL XXL

Bunkmate request (Limited to one child. Child must be in same grade and must be mutual. Not guaranteed.) _____

↓ YOUR INFORMATION HERE ↓

Father/Guardian #1 Information:

First Name _____ Last Name _____

Email Address _____

* Please be sure email address is valid. You will receive all correspondence to this email. Your email is confidential.

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer's Name _____

Mother/Guardian #2/Joint/Non-Custodial Parent:

First Name _____ Last Name _____

Email Address _____

* Please be sure email address is valid. You will receive all correspondence to this email. Your email is confidential.

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer's Name _____

Joint/Non-Custodial Parent Yes No If this box is checked, yes, please complete below:

The joint/non-custodial parent should:

Be contacted in case of emergency Has permission to pick up camper Should receive duplicate mailings

Emergency Contacts and Authorized Pick Up Persons: (in addition to parents/guardians) (Use additional sheets if necessary)

Please list individuals we may contact in an emergency and who you authorize to pick up your camper from camp or bus location.

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Home Phone _____ Home Phone _____ Home Phone _____

Cell/Work Phone _____ Cell/Work Phone _____ Cell/Work Phone _____

Camp Referrals: Please refer a new family to camp below. If they sign up, you and the referred family will receive a Welcome to Camp Kit (valued at \$38). Referred family must be a first-time camp family. Maximum one gift per family.

Name _____

Address _____

City _____ State _____ Zip Code _____

If you have been referred to camp, please indicate who referred you. _____

For Camp Use Only: Camper Last Name

First Name

Camper Last Name

First Name

1 Review Camp Programs & Rates

2 Circle Your Pricing Level. Level A used if left blank

3 Select Camp Programs & Dates

4 Select Additional Services if Needed

TRADITIONAL CAMP PROGRAMS & RATES	Tiered Pricing Choose your price for traditional camp. Circle your level to the right.	LEVELS <i>(Please circle level chosen)</i>	1 week	2 weeks
Ockanickon for Boys Overnight Ages 7 to 16	The tiered pricing system is an "honor system" designed to make camp more affordable and accessible. Levels B & C are below the true cost of camp, so we ask that all parents who can afford to pay Level A please do so. All chosen levels are confidential and all children receive the same great camp experience regardless of level. Larger scholarships are available by applying for needs-based financial assistance. Please circle your tier choice to the right. If no level is circled, Level A is used. Thank you.	A	\$685	\$1350
Matollionequay for Girls Overnight Ages 7 to 16		B	\$660	\$1300
Co-ed Overnight Ages 7-16		C	\$635	\$1250
LEADERSHIP & ADVENTURE PROGRAMS	Rates and brief descriptions below. More information on each program can be obtained by calling 609-654-8225 or at www.ycamp.org .			
Ranger Boots and Boats Trip Ages 14-16	\$1,425 for program. Campers spend 7 days off camp hiking and canoeing. Please see brochure or website for complete description. Limited space available.			
NEW! Ranger Rocks and Rafts Trip Ages 15-16	\$1,600 for program. Campers spend 7 days off camp rock-climbing, rafting and more. Please see brochure or website for complete description. Limited space available.			
Counselor in Training (CIT) Age 16, completed 10th grade	\$2,200 for 5- week program from 6/22-7/25. Limited enrollment accepted. An additional application is required and can be downloaded at www.ycamp.org			
Leader in Training (LIT) Age 15, completed 9th grade	\$1,830 for 3- week program from 7/27-8/15. Limited enrollment accepted. An additional application is required and can be downloaded at www.ycamp.org			

CAMP PROGRAMS & DATES <small>Check box(es) of session(s) you would like to attend</small>	Session 1 6/22 to 6/27	Session 2 6/29 to 7/11	Session 3 7/13 to 7/25	Session 4 7/27 to 8/8	Session 5 8/10 to 8/15	Session 6 8/17 to 8/22
Ockanickon for Boys Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Matollionequay for Girls Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Co-ed Overnight						<input type="checkbox"/>
Ranger Boots and Boats Trip		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ranger Rocks and Rafts Trip		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Counselor in Training (CIT)	<input type="checkbox"/> Check for CIT, Sessions 1-3					
Leader in Training (LIT)				<input type="checkbox"/> Check for LIT, Sessions 4 & 5		

ADDITIONAL SERVICES <small>Check box(es) of session(s) Must be paid in full at time of registration</small>	RATE	Session 1 6/22 to 6/27	Session 2 6/29 to 7/11	Session 3 7/13 to 7/25	Session 4 7/27 to 8/8	Session 5 8/10 to 8/15	Session 6 8/17 to 8/22
One Week Horseback Riding 5 hours in week, minimum age 8	\$200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Week Horseback Riding 10 hours in 2 weeks, minimum age 8	\$385		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Changeover Weekend	\$250	<input type="checkbox"/> Ses 1 to 2	<input type="checkbox"/> Ses 2 to 3	<input type="checkbox"/> Ses 3 to 4	<input type="checkbox"/> Ses 4 to 5		
Welcome to Camp Kit	\$35	<input type="checkbox"/> Check Box to receive Kit. Includes flashlight, water bottle, pen, dog tag and much more!					

Camper Last Name _____

First Name _____

HEALTH HISTORY FORM: Your child may not participate in camp programs without a completed Health History Form.

Medical Insurance/Provider Information:

This camper is covered by family medical/hospital insurance Yes No **You are responsible for any bills incurred for treatment. In the event of an emergency, you may be required to provide a copy of your insurance card.**

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone _____

Name of camper's primary doctor(s): _____ Phone _____

Name of dentist(s): _____ Phone _____

Name of orthodontist(s): _____ Phone _____

Immunization History: Please Check Box and Submit Immunization History by June 2, 2014.

I certify that all of my child's immunizations are up to date. Further, I agree to submit to Camp my child's immunization history prior to June 2, 2014 as required by the NJ Department of Health.

General Health History:

Does the camper have any allergies? Yes No If checked yes, please list allergy and symptoms _____

My camper eats a regular diet My camper is a vegetarian My camper has special food needs Please describe: _____

I have reviewed the activities of the camp, and my camper can participate without restrictions/adaptations. Yes No

If answered no, please explain _____

Check Yes or No for each statement below.

	Yes	No		Yes	No
1. Ever been hospitalized?	[]	[]	11. Had/has fainting/dizziness?	[]	[]
2. Ever had surgery?	[]	[]	12. Had mononucleosis during past 12 months?	[]	[]
3. Have recurrent/chronic illnesses?	[]	[]	13. Female- have/has issue with periods/menstruation?	[]	[]
4. Had a recent infectious disease?	[]	[]	14. Have/has problems with diarrhea/constipation?	[]	[]
5. Had a recent injury?	[]	[]	15. Have/has skin problems?	[]	[]
6. Had/has asthma/shortness of breath?	[]	[]	16. Been treated for ADD or AD/HD?	[]	[]
7. Had/has diabetes?	[]	[]	17. Been treated for emotional difficulties?	[]	[]
8. Had/has seizures?	[]	[]	18. Been treated for eating disorder?	[]	[]
9. Wear glasses or protective eyewear?	[]	[]	19. Had a significant recent life event?	[]	[]
10. Had/has headaches?	[]	[]	20. Traveled outside the country in past 9 months?	[]	[]

On an additional sheet of paper, please explain any "Yes" answers, noting the number of the question(s). For travel outside country, please list the name(s) of the country and dates of travel.

Medication: Please note that, as required by law, all prescriptions and over-the-counter medications must be in original container and have complete instructions from doctor. Please see Parent Handbook for additional medical information/policies.

Will your child need any medication at camp? Yes No If yes, please complete information below. Use additional sheets as necessary to provide camp with complete information.

Name of Medication	Reason for taking	Amount or dose given	When and how it is given

Health Care Authorization: Please read carefully and sign and date below.

The health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery. I understand the information on the health history form will be shared on a "need to know" basis with camp staff. I give permission to photocopy the health history form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the camp's staff about my child's health status.

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____ Camper Name _____

For Camp Use Only: Camper Last Name

First Name

Camper Last Name _____

First Name _____

1 Calculate Your Camp Fee

2 Choose your Payment Option

3 Read carefully, print name, sign and date the Participation Agreement & Financial Terms

4 Mail all completed Forms to camp

CALCULATE YOUR FEE— Complete all applicable columns to calculate total fee

COLUMN 1— SESSION FEES		COLUMN 2— ADDITIONAL OPTIONS		COLUMN 3— DISCOUNTS		TOTAL FEE
Total Price of Session(s) \$ _____		Horseback Riding \$ _____		Multiple Session \$(_____)		Column 1
LESS _____		Changeover Weekend(s) \$ _____		(\$50 per additional two-week session and \$25 per additional one-week session)		PLUS
5% Early Bird Discount \$(_____)		Welcome Kit \$ _____		One-Time Sibling \$(_____)		Column 2
(if deposit received by 2/15)		Camp Store (Trading Post) \$ _____		\$50 per child after 1st registered. Limit one discount per child. List other children below.		MINUS
25% Military Discount \$(_____)		(\$25 per week recommended. Any unused camp store amounts over \$5 will be refunded by check no later than October 30, 2014)				Column 3
(see www.ycamp.org for details)						=
Office Use Only \$ _____						TOTAL FEE
COLUMN 1 TOTAL \$ _____		COLUMN 2 TOTAL \$ _____		COLUMN 3 TOTAL \$ _____		\$ _____

PAYMENT OPTIONS: All Camp Fees must be paid in full prior to attendance at camp

I wish to pay the total camp fees of \$ _____ now.

I wish to pay a **non-refundable** deposit of \$250 per session plus full payment for any Additional Options selected. **I will pay my balance by 6/2/2014.**

I wish to pay a **non-refundable** deposit of \$250 per session plus full payment for any Additional Options selected **AND** please enroll me in a payment plan. I understand my remaining balance will be charged in equal amounts on the 1st of each month until 6/2/2014 when final balance will be charged. **After 6/2, call us at 609-654-8225 for payment plans.**

[] Check (Made payable to YMCA Camp Ockanickon) **or** charge \$ _____ to my: [] Visa [] M/C [] AMEX [] Discover

Card # _____ Exp Date _____ Sec Code _____

Billing Address _____

Name on Card _____ Signature _____

***** By signing above, I/we understand that any balances owed on June 2, 2014 will be automatically charged to the credit/debit card above unless alternative arrangements have been made. *****

PARTICIPATION AGREEMENT AND FINANCIAL TERMS: Please read carefully, sign and date

I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. **I/We understand any balances owed on June 2, 2014 will be automatically charged to the credit/debit card on file unless alternative arrangements are made.** Registrations received after June 2, 2014 must be accompanied by payment in full unless alternative arrangements have been made. Refunds on amounts paid, less deposit and a \$25 fee, may be approved up to June 2, 2014. Refunds will be made in the same form that payment was made. There are no refunds available after June 2, 2014. **I/We understand that I/we are allowed one change of session per family at no cost.** Thereafter, a \$35 fee for each change request will be applied. I/We understand that no refunds are given if Camp, in its sole discretion, determines that a child must leave camp for any reason. I/We understand that completion of all summer camp forms and payment in full prior to my child attending camp are required as a condition of camp participation.

YMCA Camp Ockanickon, Inc. conducts its programs with the best interests of all participants in mind. The Camp attempts at all times to run programs that are educational, enjoyable and safe and further the charitable objectives of the Camp. Nonetheless, participants must understand that some of the activities of the Camp may involve inherent risks and hazards for which the Camp cannot be held responsible. Because of the nature of Camp activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the Camp cannot be held responsible in the event that injury occurs. The undersigned represents that it knows of no legal, physical or health reason why the participating child cannot fully participate in the registered program. By signing below, the undersigned hereby acknowledges that it is understood that YMCA Camp Ockanickon, Inc. is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

If my child is enrolled in Horseback Riding, I understand that there are inherent risks. I understand these risks and release YMCA Camp Ockanickon, its agents, employees, volunteers, directors and trustees from all liability for damages or injuries resulting from participation in equine activity.

The undersigned understands that due to the nature of camp activities, there may be instances where we cannot accommodate children whose needs are beyond the scope of our services. YMCA Camp Ockanickon, in its sole discretion, reserves the exclusive right to refuse any registration and/or dismiss any child for any reason.

The undersigned gives permission for the participating child to be transported for approved out-of-camp programs and activities.

The undersigned grants full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, all photographs taken by the Camp and its agents of me and/or my child while the child is participating at the Camp's events.

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____ Camper Name _____