



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WHAT ARE YOU DOING THIS SUMMER?

## ROCKLAND COUNTY YMCA

### 2019 Teen Camp – Growing Future Leaders

We offer a fun, engaging, supportive, caring environment for middle school age kids (12 to 15). The emphasis at Teen Camp is about relationships and relationship building. Our Teen Camp staff is mature with skills and interests that reflect the diverse personalities of our Teen Camp population. The camp is on-site at the beautiful Kruckers campus in Pomona w /weekly trips every Wednesday. On the days that Teen Camp is onsite at Kruckers they will enjoy the familiar camp activities such as swimming, tennis, basketball, arts & crafts, music & drama, group games, team building activities, nature programs, hot lunch and much, much more.

**DATES:** July 1<sup>st</sup> –August 9<sup>th</sup> (6 one-week sessions)

**TIME:** Bus leaves Nyack at 9:00 am  
Bus return to Nyack at 5:15pm  
(FREE bus!)

**Fee:** \$155 per week



For more information please call

Joeffrey Gardner

Rockland County YMCA Youth & Teen Director (845) 643-3065



# 2019 Rockland County YMCA Teen Summer Camp

Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade in September 2019: \_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Do parents live together? yes no - If no, with whom does the child reside? \_\_\_\_\_

If parents are divorced or separated, are there restrictions on pickups or visitations? no yes-If yes-please attach a copy of the court order.

The daily bus will leave the YMCA at 9:00 and arrive back at the YMCA at approx. 5:15pm.

Do you plan to pick up your child from the YMCA or will they walk home?

Pick Up  My child has permission to walk.

### EMERGENCY INFORMATION / RELEASE OF CHILDREN

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ok to pick up camper Ok to give emergency info

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ok to pick up camper Ok to give emergency info

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ok to pick up camper Ok to give emergency info



Camper Name: \_\_\_\_\_

\_\_ Yes, I certify that the information on this application is true and accurate and I have not left out any information that would help the YMCA understand or work with my teen. My teen and I have reviewed and understand the Code of Conduct.

\_\_ Yes I give permission for the Rockland County YMCA to transport my child daily and for field trips, programs or emergency purposes as applicable. I understand that transportation will be appropriately supervised. I understand that the Rockland County YMCA and its employees assume no liability in case of an accident outside of our authority.

\_\_ Yes, the teen named on this application is in good health and is fully able to participate in all activities at the YMCA. In an emergency, when either I or the emergency contacts listed cannot be reached, I hereby give permission for the YMCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including resuscitation efforts and transportation to an emergency room for care.

\_\_ Yes, I give the Rockland County YMCA permission to use my child's photograph for public relations and / or marketing purposes. *(optional)*

CAMP WEEK	COST	TOTAL
Week 1 – July 1-5 (no camp July 4) – PAYMENT DUE JUNE 24 <sup>th</sup>	\$125	
Week 2– July 8-12 – PAYMENT DUE JULY 5	\$155	
Week 3– July 15-19 – PAYMENT DUE JULY 12	\$155	
Week 4 – July 22 – July 26 – PAYMENT DUE JULY 19	\$155	
Week 5- July 29 – Aug 2 – PAYMENT DUE JULY 26	\$155	
Week 6- August 5-9 – PAYMENT DUE AUGUST 2	\$155	
YMCA TEEN MEMBERSHIP (REQUIRED)	\$115	
TOTAL		

**PAYMENT** I authorize the Rockland County YMCA to charge the above listed credit card for teen camp payment. I understand payments are non- refundable.

\_\_\_ Full Payment

\_\_\_ Payment Plan- 1<sup>st</sup> payment will be processed upon receipt of this application and additional payments will automatically be processed the Friday afternoon before each selected week.

Credit Card:  MasterCard       Visa       American Express

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I have read the entire application, medial form, code of conduct and the permissions. My signature acknowledges the permissions and gives payment authorization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Medical Form (Completed by Parent/Guardian)**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Street address

City

State

Zip

Parent/Guardian's Name \_\_\_\_\_ Best Contact # \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Best Contact # \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS**

**INSURANCE INFORMATION**

Is the camper covered by family medical/hospital insurance? Yes \_\_\_ No \_\_\_

If yes, indicate carrier or plan name: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

1. Any restrictions or allergies, medications, special dietary needs or other physical, medical, social, behavioral or psychological needs? \_\_\_ NO \_\_\_ YES

Please explain:

Does camper require medications during camp? \_\_\_NO \_\_\_YES \_\_\_Only if needed

If yes, please provide specific information below:

List any other medication(s) regularly taken but dispensed outside camp

I hereby give my consent to allow the staff to obtain emergency treatment from a duly licensed hospital, physician or EMT if needed. I also give consent for my child to be transported in an emergency vehicle if necessary.



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## Summer Teen Camp – Code of Conduct

In order to create a fun, safe and positive environment for all campers we ask all teens to show respect to the YMCA staff, YMCA members, the Kruckers campus, bus drivers and all facilities and equipment. Each participant will be held responsible for his or her actions and behavior.

Use of abusive, obscene, bullying or profane language, including racial, religious or sexual references directed at others will not be tolerated. Please remember to treat others as you would like to be treated.

Negative physical or verbal contact, harassment or intimidation to any staff, member other teen or anyone will not be tolerated

Violence and threat of violence will not be tolerate at any time.  
Inappropriate or disruptive behavior is not permitted. This includes but is not limited to: graffiti, littering, spitting, or throwing objects that could intentionally or unintentionally harm another or cause disorder.

Any damage to any property directly or indirectly caused by a teen will be the responsibility of said participant. Any financial responsibility incurred in incident will be deferred to the teens' parents or legal guardians.

\*Those who decide to be present when a violation occurs, shall, by their choice, be considered participant in the violation – there are no innocent bystanders.\*

- Upon the first offense, the teen will be written up as an Incident Report resulting in a one-day suspension. Parents will be notified and must discuss the incident with the Camp Director
- A second offense will result in an Incident Report and suspension from that week's trip. Parents will be notified and must discuss the incident with the Camp Director- no refund of fees.
- A third offense will result in a 5 day suspension – no refund of camp fees. Parent must meet with the Camp Director prior to the teen return to Camp

Any further infractions will result in termination in camp participation and there will be no refund of fees.

Drugs, alcohol and tobacco products are not allowed within the facility or on the grounds. Anyone in attendance or attempting to enter who is under the influence or in possession of alcohol, illegal drugs or illicit substances will be terminated. Parents and police will be notified.

Weapons and items that may be considered weapons are forbidden. Anyone found to be in possession of such items will be required to leave and the items will be confiscated. Parents and/or police will be notified as appropriate.

**Teen Signature:** \_\_\_\_\_