



# PRINCETON FAMILY YMCA 2021 SUMMER CAMP REGISTRATION

TO PROCESS REGISTRATION, ALL FORMS MUST BE COMPLETED IN FULL FOR EACH INDIVIDUAL CAMPER

**CAMPER NAME:** \_\_\_\_\_

**GRADE ENTERING FALL 2021 (1st - 6th):** \_\_\_\_\_

All campers must have an active membership during their participation in camp.  
Please check the appropriate box to indicate which membership your child current has or will have for the summer.

| MEMBERSHIP OPTIONS                       |  |
|--|--|
| <b>EXISTING FULL FACILITY MEMBERSHIP</b> | This option is for <u>current</u> Princeton Family YMCA Youth or Family members that are already set up on automatic monthly draft OR current participants in School Age Child Care Programs   |
| <b>NEW FULL FACILITY MEMBERSHIP</b>      | <b>\$19/MONTH UNTIL YOU CANCEL</b> <ul style="list-style-type: none"> <li>• Full Access to facility for camper</li> <li>• Membership starts at registration and renews automatically on the 15<sup>th</sup> of the month until cancelled in writing, or on date listed below:<br/>_____</li> </ul> |
| <b>SUMMER CAMPER MEMBERSHIP</b>          | <b>\$50 ONE TIME FEE</b> (Payment made at registration) <ul style="list-style-type: none"> <li>• Special <u>Full Facility Membership</u> Valid from June 1 – August 31</li> <li>• Full access to facility &amp; programs for camper</li> <li>• MEMBERSHIP DOES NOT RENEW</li> </ul>                |

## SELECT YOUR CAMP OPTIONS:

| SUMMER CAMP   |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |
|---|---------------------|--------------------|-------------------|---------------------|---------------------|---------------------|-------------------|--------------------|---------------------|----------------------|
| FF Member: \$280 per week<br>Program Member: \$340/wk | WEEK 1<br>6/21-6/25 | WEEK 2<br>6/28-7/2 | WEEK 3<br>7/5-7/9 | WEEK 4<br>7/12-7/16 | WEEK 5<br>7/19-7/23 | WEEK 6<br>7/26-7/30 | WEEK 7<br>8/2-8/6 | WEEK 8<br>8/9-8/13 | WEEK 9<br>8/16-8/20 | WEEK 10<br>8/23-8/27 |
| Full Day: 7:30am – 6:00pm                             |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |

| SPECIALTY CAMP                                  |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |
|---|---------------------|--------------------|-------------------|---------------------|---------------------|---------------------|-------------------|--------------------|---------------------|----------------------|
| FF Member: \$380/wk<br>Program Member: \$440/wk | WEEK 1<br>6/21-6/25 | WEEK 2<br>6/28-7/2 | WEEK 3<br>7/5-7/9 | WEEK 4<br>7/12-7/16 | WEEK 5<br>7/19-7/23 | WEEK 6<br>7/26-7/30 | WEEK 7<br>8/2-8/6 | WEEK 8<br>8/9-8/13 | WEEK 9<br>8/16-8/20 | WEEK 10<br>8/23-8/27 |
| Medieval Engineering (gr. 4-6)                  |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |
| Pottery (gr. 1-6)                               |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |
| Outdoor Living Skills (gr. 1-6)                 |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |
| Games (gr. 1-6)                                 |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |
| Explosive Science (gr.1-3)                      |                     |                    |                   |                     |                     |                     |                   |                    |                     |                      |

Note: Specialty Camps unavailable in weeks 1, 2, 9 and 10



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Camper's Full Name \_\_\_\_\_ GRADE: \_\_\_\_\_ CAMPER'S PRONOUN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

**Primary Parent/Guardian (with legal custody) to be contacted in case of emergency:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Employer \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

**Secondary parent/guardian/contact (with legal custody) to be contacted in case of emergency:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Employer \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email address \_\_\_\_\_

**Additional contact in the event parent(s)/guardian(s) cannot be reached:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Employer \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Additional Pick-Up Authorizations:**

Please list all persons authorized to pick up your child. If another individual is needed to pick up your child, the parent/guardian must give written permission for an individual, who is not on this list, to pick up the camper at sign in. At pick up, every individual will be asked for identification, so please have it ready at the time of pick up. No exceptions will be made - this is done for the safety of your child. Please make sure that the individuals on this list are aware that they may also be called in the case of an emergency to pick up your child. You are welcome to add or delete from this list at any time.

Check this box if the authorized persons are the same as those listed in the section above.

**Other Authorized Individuals:**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Please indicate if a non-custodial parent/individual has limits on visitations or pick up. If a non-custodial parent/individual has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file.

**The following individuals are NOT ALLOWED to pick up my child:**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_



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Camper's Full Name \_\_\_\_\_ GRADE: \_\_\_\_\_ CAMPER'S PRONOUN: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

**HEALTH FORM: This form is REQUIRED by New Jersey State Law. Campers MAY NOT attend until this is completed and on file.**

**Allergies:** No known allergies. This camper is allergic to: Food Medicine Environment (insects, grass, etc.) Other

Please describe what the camper is allergic to and the reaction: If medication is necessary, you must also complete the additional form.

**Diet, Nutrition:** This camper eats a regular diet. This camper eats a regular vegetarian diet.

This camper has special food needs (please describe):

**Restrictions:** Are there any medical issues or restrictions where the camper would be exempt from any camp activity?

If so, please describe:

**Mental, Emotional, and Social:** Has the camper ever been treated for emotional or behavioral difficulties? yes no

Has the camper ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder (ADD/ADHD)? yes no

Please provide more information regarding the information above (or other concerns) that we would be able to use in order to provide a great experience for each camper:

**Medication:** Please list any medications that your child is currently taking, prescribed or over the counter:

**Please check any conditions your camper has had:** Ear Infection Bleeding Disorders Diabetes Asthma (see asthma form)  
Heart Disease Muscular-Skeletal Disorders Hypertension Seizures Hernia Other: \_\_\_\_\_

Has your child had a full physical in the last 2 years? no yes - date: \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**Medical Insurance:** Insurance Carrier & Phone \_\_\_\_\_ & (\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_ Doctor Preference & Phone \_\_\_\_\_ & (\_\_\_\_) \_\_\_\_\_

**What have we forgotten to ask?** Please provide any additional information about the camper's health and well being that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

### \*\*\*IMMUNIZATION RECORDS ARE REQUIRED FOR CAMP\*\*\*

**PARENT/GUARDIAN ACKNOWLEDGMENT:** This health history is correct as far as I know and I attest that all immunizations required for school are up to date, OR I exempt my child from vaccinations due to the following reasons: \_\_\_\_\_. I also attest my child is in good health and has permission to engage in all camp activities in the care of the camp staff.

**CONSENT OF TREATMENT:** I know of no reason(s), other than the information indicated on this form, why my child should not participate in camp activities. In an emergency, when neither I nor the persons named above can be reached, I hereby authorize the Camp Director and/or Health Supervisor to take any action deemed necessary for the best interests of my child, including transportation for emergency room treatment. Permission granted to any medical personnel selected by the camp to provide needed care including: routine health care, administration or medications, X-Rays, routine test and treatment; to release records as needed for insurance purposes; and to arrange for transportation for emergency medical treatment. I understand that the information on this form will be shared on a "need to know" basis with camp staff only.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relation to Camper \_\_\_\_\_



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Camper's Full Name \_\_\_\_\_ GRADE: \_\_\_\_\_ CAMPER'S PRONOUN: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

**Camper Code of Conduct Agreement:**

**During camp I will...**

- Keep my hands and feet to myself.
- Tell a camp counselor when there is a problem so they may help me.
- Listen to all YMCA staff members and treat everyone with respect.
- Treat other people's belongings with respect and ask before using them.
- Not use the vending machines.
- Use clean language.
- Always stay with my group.
- Remember to use good sportsmanship and be a friend to all.
- Be responsible for my belongings.
- Respect the YMCA facility, supplies, equipment and also our entire environment.
- Clean up all trash and litter around the area even if it is not mine.
- Adhere to camp buddy system at all times.

**During camp I will not...**

- Bring any weapons, matches, lighters, fireworks, or inappropriate items (drugs, alcohol, etc.) with me to camp.
- Bring any valuable electronic devices (i.e. Nintendo Switch, iPods, tablets, computers etc) to camp. I understand that the YMCA is not responsible for the damage or the loss of such items. I will not bring or trade cards at camp either.
- Use my cell phone during camp, and if I need to bring one with me, I will leave it turned off and in my bag out of site at all times.
- Borrow other people's belongings without asking.
- Throw sticks, dirt, rocks, or climb trees (unless I am instructed to by a counselor for a certain camp activity).
- Hit, punch, threaten, or use inappropriate behavior to other campers or YMCA staff members.

I understand that the YMCA seeks to provide fun, safe and satisfying experiences for everyone. The YMCA asks that you in turn accept responsibility for your own personal conduct. I also understand that I must follow the above rules, and also others that are determined necessary by the YMCA Staff. I also understand that if I break any of the above rules, the YMCA may notify my parents, and send me home immediately. I also understand that my parents will be expected to pick me up, and that no refund will be issued.

**Bullying Policy Agreement:** As defined by the New Jersey Coalition for Bullying Awareness and Prevention, "Bullying is an act or threat that is unprovoked, repeated, aggressive, intended to cause fear, distress, harm, may be physical, verbal, or psychological in nature or combination, and may be bias/prejudice. Acts of bullying may include name calling, slurs, epithets, put-downs, taunts, teasing, bodily harm, hitting, kicking, tripping, shoving, taking or damaging personal property, saying/writing inappropriate things, starting rumors, public humiliation, deliberate exclusion and coerced actions." (New Jersey Coalition for Bullying Awareness & Prevention)

Any camper observed bullying another camper or campers will have their parents notified along with the camper or campers being bullied by the YMCA staff. If the problem persists, the YMCA may remove the camper who has committed the act or acts of bullying from camp.

*This form must be completed for each camper. Each camper and parent/guardian must review this form together. By signing below, I indicate that I have read this with my camper, and we understand and agree to abide by the above rules and consequences. Even more detailed behavioral information is found in the Princeton Family YMCA Day Camp Handbook.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo / Video Release Form:**

The Princeton Family YMCA reserves the right and has my permission to photograph or film my child while they are participating in any camp activity. They may also use said pictures and video files for any form of advertising or promotion, at no compensation to me, as deemed appropriate as well as publish them on the YMCA website, Facebook, or other social media platforms for publicity purposes.

I hereby give my permission.

I do not wish for my child to be photographed or filmed for any purpose by the YMCA.



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Camper's Full Name \_\_\_\_\_ GRADE: \_\_\_\_\_ CAMPER'S PRONOUN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

**In signing this document, I understand that the Princeton Family YMCA:**

- Has permission to charge my financial institution for the required camper membership. I also acknowledge that each child enrolled have an active membership throughout the entire time they participate in the Summer Camp Program.
- Has permission to charge my financial institution for my child's fee(s) associated with the Summer Day Camp Program.
- Has the right to charge my financial institution for any unpaid or overdue program balances acquired on my YMCA account.

**Princeton Family YMCA Summer Camp Fees Acknowledgment:**

- Princeton Family YMCA Summer Camp fees is a continuous payment schedule. I understand that this payment plan will remain in effect for as long as I have my child(ren) enrolled in the Summer Camp Program.
- Camp dues will be collected WEEKLY on the Monday prior to the beginning of the camp week.
- Payment schedules can be adjusted at parent/guardian's request, if essential, but must be arranged in person and a credit/payment agreement form must be completed and signed.
- It is my understanding that if I wish to terminate or change my payment in any way, I must inform the camp office immediately.
- For any reason, should my financial institution not honor any payment transmission, I realize that I am still responsible for the payment.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CAMP PAYMENT OPTIONS:**

I will be making payments via check or cash by the required deadline as per the camp dues schedule found in the Parent Handbook.

Please use my credit/debit/EFT account that is currently on file with the Princeton Family YMCA.

Please use the following information for my child's summer camp fees:

**Credit/Debit Information:**      Visa      MasterCard      Discover      American Express

Name (as it appears on Card) \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC \_\_\_\_\_

**Electronic Funds Transfer (EFT):**

Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

**I hereby authorize the Princeton Family YMCA to initiate payments per the method I checked above.**

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If you have any questions regarding this information, please contact Matt Boyd.



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Camper's Full Name \_\_\_\_\_ GRADE: \_\_\_\_\_ CAMPER'S PRONOUN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

## Parent /Guardian Acknowledgment

- To the best of my knowledge, all of the information I have shared in this packet is accurate for the above named camper.
- I agree to have all necessary forms in this packet completed and submitted to the Princeton Family YMCA prior to my child starting camp. If I do not, I acknowledge that my child may not be able to participate in camp activities.
- Prior to the beginning of camp, I promise to read and fully understand the Princeton Family YMCA Day Camp Handbook located online at [www.princetonymca.org](http://www.princetonymca.org) and by signing below, I agree to all terms, conditions and information found in the Handbook.
- I understand that the scope of activities my camper will participate in are developed and deemed appropriate for my campers age level. I understand that I may find more information regarding camp programming in the camp guide and website. I give my permission to allow my child to participate in the daily activities held at the Princeton Family YMCA Day Camps. I will inform the Camp Director and/or appropriate YMCA staff of any changes that may effect my child's participation.
- A Princeton Family YMCA Membership is required and MUST remain current through the duration of the summer camp season.
- **I have read and fully understand the camp payment policy. Failure to pay will result in my child not being able to attend camp.**
- **A \$30 non-refundable deposit** per week, per child, must accompany each registration. The deposit will then be applied to each camp week's total fee.
- **Refund Policy:** The Princeton Family YMCA will refund payment, less the \$30 deposit, if cancellation is made within 7 days of the camp week beginning. **No refunds will be given after this point.** In case of illness or health related incidents, requests should be submitted accompanied by a doctor's note. All requests are subject to director's approval only and are never guaranteed. I understand that in the case that my child is removed from camp, there will be NO refund of camp fees.
- Camp transfers can be made up until the Friday before a week of camp begins. Any transfers after this time may result in a \$25 transfer fee.
- **If space allows, camp registrations received Monday morning of that camp week, will incur a \$25 late registration fee in addition to regular camp fees.**
- I understand that the YMCA will asses a \$35 fee on all returned checks / non-sufficient funds.
- Financial Assistance is made available when funds are available on a first come, first served basis only. In order to be considered for Financial Assistance, I must submit all applications and necessary paperwork by May 1st. I understand that more information and applications can be found on the YMCA website.

## Waiver of Liability:

The Princeton Family YMCA is a charitable, non-profit membership organization. I am an adult over 18 years of age and am enrolling the said child and wish for them to participate in activities. I understand that even when reasonable precaution is take, accidents sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability from any injury, loss, or damage connected in any way whatsoever to my or my children's participation in YMCA activities whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. I have read and voluntarily sign this authorization and release. I grant permission for the child noted above.

Print Name of Parent/Guardian \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# PRINCETON FAMILY YMCA 2021 SUMMER CAMP REGISTRATION

**THIS PAGE IS AN OPTIONAL FORM:  
THIS FORM IS ONLY NEEDED TO BE COMPLETED IF THE CAMPER HAS ASTHMA OR MEDICATION NEEDS**

Camper's Full Name \_\_\_\_\_ GRADE: \_\_\_\_\_ CAMPER'S PRONOUN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

### **INFORMATION REGARDING CAMPER'S ASTHMA**

We want your child to receive appropriate care and support for his/her asthma while attending camp. Please complete the following form and return it with the other health forms. Please feel free to attach any additional information as needed, including physician medication orders or greater detail about your child's asthma history.

#### **What triggers your child's asthma?**

Please provide details about the triggers, including things which all counselors and YMCA staff should be informed about.

Exercise / Physical Activity     Fatigue     Dehydration     Stress     Other: \_\_\_\_\_

Food Item     Smoke     Allergen     Respiratory Infections/Common Cold

Please provide further information if needed:

#### **Asthma Medication:**

Medications are supervised by our camp directors and kept in their office with the exception of inhalers that must be carried by the camper or counselor. Please indicate below the medication your child is currently on for their asthma.

Name of Medication \_\_\_\_\_ When medication is taken (as needed, at lunch, etc) \_\_\_\_\_

My child is capable of and has been instructed in the proper method of self-administering of the inhaled medications named above.

My child is NOT approved to self-medicate.

#### **Precautions:**

At what point should we notify you (parent/guardian) about an asthma flare? \_\_\_\_\_

At what point should this child be taken to a physician or hospital? \_\_\_\_\_

### **INFORMATION REGARDING CAMPER'S MEDICATION TO BE TAKEN AT CAMP**

NJ State Law requires written consent by the parent/guardian and the physician before any prescribed medication may be administered. *All medication must be placed in a prescription container and properly labeled by the pharmacist or physician.*

The camp health supervisor has my consent to administer medication to my child as prescribed and ordered by my physician.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### **To be completed by child's physician:**

The following camper, \_\_\_\_\_, is under my care, and it is necessary for him/her to receive the following medication during camp hours on a regular / emergency (circle one) basis for (state reason):

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

### **INFORMATION REGARDING CAMPER'S ALLERGY MEDICATION**

If your child has a severe allergy, it may be necessary for him/her to carry medication to counteract an allergic episode.

\_\_\_\_\_ (camper's name) has been instructed in the proper use of thier medication for allergic episodes.

We, this child's parent/guardian and his/her physician, request that \_\_\_\_\_ (camper's name) be permitted to carry their medication around. He/She has been instructed in and understands the appropriate method, and frequency of the use of this medication. We consider him/her to be responsible. He/She uses the following medication \_\_\_\_\_.

We absolve the Princeton Family YMCA and staff of any responsibility in safeguarding our child's medication.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

### ("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the YMCA School Age Child Care Program ("Program").

As such, and in consideration for child care services to be provided by the Princeton Family YMCA, the undersigned, for myself and my minor children enrolled in the Program fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE PRINCETON FAMILY YMCA AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE PRINCETON FAMILY YMCA AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

### I HAVE READ AND CONSENT TO THE ABOVE STATEMENTS

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_