CONFIDENCE

I LEARNED TO CHALLENGE MYSELF

Confidence grows in campers with each passing day and new adventure. All activities are "challenge by choice."
With the support of their friends and Y staff, kids are encouraged to push just a bit beyond their comfort zone and try new things.

SUMMER Y CAMP AT ANDOVER

Summer Y Camp at Hillside Park in Andover provides a safe and enriching environment where children have fun, make new friends and explore new activities. All camp activities are created around exciting themes with an emphasis on building confidence, self-reliance and problem solving skills.

Sussex County YMCA and Andover Township Recreation Department
Community partners leading the way to support youth development, healthy activities and enjoyment of sports.

Junior Y Camp (Age 3 - entering kindergarten)

Preschoolers will be introduced to camp activities including arts and crafts, circle time, singing, nature appreciation, small group games, and playground time. Each themed week includes enrichment activities to encourage your child to gain confidence, self-reliance and social skills. (Must be potty trained)

Kids Y Camp (Entering grades 1-6)

Children will participate in a variety of age-appropriate activities designed to build confidence, self-reliance, social skills, teamwork, and friendships. Each themed week includes enrichment activities, nature appreciation, arts and crafts, small and large group games, sports, and playground time. Activities follow a daily schedule. Campers are encouraged to explore new activities, as well as have to opportunity to choose their favorite activities.

Camp dates and Hours: June 23-August 28, Monday-Thursday, 9:00am-1:00pm

Camp Location: Hillside Park, Andover, NJ

Camper to Staff Ratio: 3-4 years: 5 to 1; 5 years: 6 to 1; 6-8 years: 8 to 1; 9-11 years: 10 to 1.

Camp Director: Sam Walter, 973 209 9622 x 209, Swalter@metroymcas.org

Y Membership is required for participation in any YMCA camp.
Andover residents are exempt. Proof of residency required.

2014 Sussex County YMCA Summer Y Camp Registration Form

(One form per child, please print – MUST be completed and **returned to:** Sussex County YMCA, 15 Wits End Road, Hardyston, NJ 07419 or **faxed to:** 973 209 1483)

Camper Information

First Name:_____ Last Name:_____ DOB:_____ Gender: ☐ M ☐ F

Street:_____ Apt #:_____ Grade as of 9/14:_____

City:_____ State:_____ Zip:_____ Home Phone:( ) _____

Have you attended Camp before? ☐ Yes ☐ No What camp?_____

Parent/Guardian Information

First Name:_____ Last Name:_____ Cell Phone:( ) _____

Occupation:_____ Company:_____ Phone:( ) _____ Ext.:_____

First Name:_____ Last Name:_____ Cell Phone:( ) _____

Occupation:_____ Company:_____ Phone:( ) _____ Ext.:_____

E-mail Contact (for all camp correspondence/parent packets/newsletters):

Name:_____ E-mail:_____ Primary/Alternative

Name:_____ E-mail:_____ Primary/Alternative

How did you hear about us?_____

If you were referred by someone, please provide their name:_____

Emergency Notification: In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. **Photo ID will be required.**

1) Name_____ Phone # _____ Relation _____

2) Name_____ Phone # _____ Relation _____

HEALTH HISTORY

List any current allergies:_____

List any current dietary restrictions:_____

List any current or past medical treatment that would affect your child's day at camp: _____

Are there any activities your child should be restricted from?:_____

Has your child received any psychiatric or counseling therapies - ☐ Yes ☐ No

If Yes, attach a release from the doctor attesting to the child's emotional fitness to attend camp.

List any current medications (prescription and over the counter):_____

Reasons for the above medications:_____

Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a Permission to Medicate Form. Campers may not carry medication at any time.

Current Immunization: Vaccinations are required by the NJ Department of Health prior to camp attendance. **Leave no blanks**. Sorry we can not use records already on file with the Sussex County YMCA, and the information must be updated each year for licensing purposes.

Please list only the most recent dates below:

Diphtheria, Tetanus, Pertussia (DPT):___/___/____ Measles, Mumps, Rubella (MMR): ___/___/____ Polio Vaccine (TOPV):___/___/____

Your child's medical insurance carrier:_____ **Group Policy #:**_____

Name of Physician:_____ **Phone #:**_____

Name of Dentist:_____ **Phone #:** _____

Permission to Treat: Informed Consent – By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

Initials _____

Alternate Pick up Information: Please list two additional people who are authorized to pick up your child at any time. **Photo ID will be required.**

1) Name _____ Phone # _____ Relation _____

2) Name_____ Phone #_____ Relation _____