



**NEW JERSEY YMHA-YWHA CAMPS**  
**2010 Camp Neshor® Application**

Create an account and apply online! [www.CAMPNESHER.org](http://www.CAMPNESHER.org)

<b>CITY OFFICE</b> 21 Plymouth Street Fairfield, NJ 07004 Tel. (973) 575-3333 Fax (973) 575-4188	<b>SUMMER OFFICE</b> 90 Woods Road Lakewood, PA 18439 Tel. (570) 798-2373 Fax (570) 798-2663
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Camper \_\_\_\_\_  
CHILD'S LAST NAME FIRST NAME MIDDLE NAME

Residence \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP

Family E-Mail Address \_\_\_\_\_ Fax Phone ( ) \_\_\_\_\_

Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_ lbs. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade next Sept, 2010 \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year M/F

Attended Camp Before? \_\_\_\_\_ If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Father, Step-Father, Grandfather, Guardian, Other Relative

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Email \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Mother, Step-Mother, Grandmother, Guardian, Other Relative

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Email \_\_\_\_\_

Parent's Relationship (Please Circle) Married Separated Divorced Widowed

Full name of person responsible for payment \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current School \_\_\_\_\_ Current Synagogue \_\_\_\_\_

<input checked="" type="checkbox"/>	2010 Camp Fee Schedule	Total Fee	Deposit Required
<input type="checkbox"/>	<b>Full Season - June 28 - Aug 16</b> Child entering 10th grade Trip Fee	<b>\$7375</b> + \$990	<b>\$600</b>
<input type="checkbox"/>	<b>1<sup>st</sup> Session - June 28 - July 22</b> Child entering 10th grade Trip Fee	<b>\$4325</b> + \$495	<b>\$600</b>
<input type="checkbox"/>	<b>2<sup>nd</sup> Session - July 22 - Aug 16</b> Child entering 10th grade Trip Fee	<b>\$4325</b> + \$495	<b>\$600</b>
<b>Tipping is Not Permitted</b>			

Amount Enclosed \$ \_\_\_\_\_

**Balance must be paid in full no later than March 1, 2010.**

**We accept Visa, Mastercard, Discover, American Express, personal checks and bank checks. Please make checks payable to the New Jersey 'Y' Camps.**

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_

Full Credit Card Billing Address: \_\_\_\_\_

**ACCEPTANCE IS NOT OFFICIAL UNTIL WRITTEN CONFIRMATION IS RECEIVED FROM CAMP**  
 Fee includes transportation from and to designated sites in or near the greater New York/New Jersey area, laundry, excess medical insurance, gratuities, basic canteen fee, and registration. **Baggage Company charges are not included.** I have read **all the above terms and the terms described on the reverse side** of this application. I am financially responsible for all fees incurred.

Signature \_\_\_\_\_

**This application CANNOT BE PROCESSED unless signed by a parent or guardian!**

# TERMS OF ENROLLMENT (Please Read Carefully!)

1. No person shall be excluded from admission on grounds of race, color or national origin.
2. In accepting enrollment, the camp reserves a place for the child. If, for any reason, the enrollment must be cancelled, the Camp must be advised of this in writing.
3. The camp is not responsible for the camper's equipment or personal belongings; while in transit or at camp, if lost or damaged by fire, theft, laundry, or in any other manner.
4. It is clearly understood that parent or guardian signing this application certifies that the child is healthy and able to participate in the full camp program. This application is accepted subject to a physical examination by a physician. Camp is herein authorized to contact prior recreational and/or camp placements to gather information.
5. It is expressly understood and agreed that, if the Camper leaves the Campus without the express permission of the camp director, if the Camper damages or defaces Camp property, or if the Camper's conduct or influence is contrary to the best interests of the Camp, the Camper may be dismissed at the sole discretion of the Director with no refund nor reduction of fee. The camper agrees not to smoke or possess cigarettes, drugs or alcohol in Camp.
6. Applications are accepted reserving the right and responsibility of Camp Administration to place campers according to its own age-level and readiness standards.
7. Camp is herein authorized to use analog and/or digital photographic, audio and/or video reproductions of the child electronically and in literature for interpretive purposes, advertising and to participate in research studies conducted by the NJ Y Camp.
8. I hereby give permission for my child to leave Camp grounds for Camp programs.
9. I hereby give permission for my child to participate in any and all camp activities. I fully understand that some of their choice activities may include certain inherent risks.
10. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the PA Court of Common Pleas located in Wayne County, PA, and shall be construed in accordance with the laws of Pennsylvania.
11. When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
12. **IN CASE OF SURGICAL OR MEDICAL EMERGENCY** the parent hereby gives permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.