

2012 Camp Shoshanim

an exceptional summer experience, exclusively for girls

CITY OFFICE
21 Plymouth Street
Fairfield, NJ 07004
Tel. (973) 575-3333 x171
Fax (973) 575-4188

SUMMER OFFICE
119 Woods Road
Lakewood, PA 18439
Tel. (570) 798-2551 x10
Fax (570) 798-2784

Camper _____
CHILD'S LAST NAME FIRST NAME MIDDLE NAME

Residence _____ Home Phone () _____
NUMBER AND STREET CITY STATE ZIP

Family E-Mail Address _____ Fax Phone () _____

Date of Birth ____/____/____ Grade next Sept, 2012 ____
Month Day Year

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

Work Phone () _____ Cell Phone () _____ Work Email _____

Mother/Guardian Name _____ Relationship to Camper _____
Mother, Step-Mother, Grandmother, Guardian, Other Relat

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"/>	2012 Camp Fee Schedule	Early Registration Until 10/3/2011	Regular Registration 10/4/2011 and after
<input type="checkbox"/>	1st Session — Monday, June 25 to Monday, July 23	\$2,975	\$3,205
<input type="checkbox"/>	2nd Session — Monday, July 23 to Monday, August 13	\$2,180	\$2,285
<input type="checkbox"/>	Full Season — Monday, June 25 to Monday, August 13	\$4,840	\$5,155

Tipping is Not Permitted

Registration requires a \$750 deposit with the remainder due by March 1, 2012. All fees fully refundable at any time for any reason, prior to the start of camp.

Amount Enclosed \$ _____

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. All deposits and fees fully refundable at any time, for any reason, prior to the start of camp.
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 NJY Camps.
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.

