

Camp Shoshanim

2020 Short Stay Application

NJY CAMPS REGISTRATION

21 Plymouth Street
Fairfield, NJ 07004
Tel. (973) 575-3333
Fax (815) 366-7963

Create an account and apply online! www.CAMPSHOSHANIM.org

A Taste of Camp Shoshanim For "First Timers" Entering 3rd-6th Grade

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, 2020** _____
Month Day Year

Attending Day Camp? _____ **Where?** _____ **When?** _____

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

Occupation _____ **Company Name** _____

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

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

Occupation _____ **Company Name** _____

Cell Phone () _____ **Work Phone** () _____ **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** _____

2020 short stay Dates	Fee
"A Taste of Shoshanim" 1 Aug 3 - Aug 7	\$300
"A Taste of Shoshanim" 2 Jul 28 - Aug 7	\$975
Tipping is Not Permitted	

Amount Enclosed \$ _____

Tuition must be paid in full with application and is fully refundable in case of cancellation.

We accept Visa, Mastercard, Discover, American Express, personal checks and bank checks.
Please make checks payable to NJY Camps.

Credit Card # _____

Expiration Date _____ **CVV2** _____

Credit Card Billing Address if different from above:

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. 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 payments are fully refundable up until the start of the camp session.
3. No allowance or refund will be made for transportation or laundry since charges for those items are based on collective arrangements for ALL campers.
4. 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.
5. 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.
6. Your child must be fully immunized per the requirements from the Pennsylvania Department of Health "School Vaccination Requirements for Attendance in Pennsylvania Schools" Pa.CODE CH.23 (School Immunization) allowing exemption only for medical reason. If your child has a medical exemption, a letter of medical exemption from the physician must be provided to camp. In some cases, if your child does not have a demonstrated immunity to certain diseases, we may not be able to accept them in camp.
7. 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.
8. In case of late arrival, dismissal, or withdrawal of the child for any reason whatsoever, there will be no refund for camp fees for time reserved.
9. Applications are accepted reserving the right and responsibility of Camp Administration to place campers according to its own age-level and readiness standards.
10. NJY Camps and its affiliates are 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.
11. I hereby give permission for my child to participate in all activities outside of camp. I further authorize the camp to sign any waivers and/or permission forms necessary for my child to participate in these activities.
12. 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.
13. 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.
14. NJY Camps reserves the right to verify and confirm that applicable conditions have been met for any discounts received during registration.
15. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Wayne County, PA.
16. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.
17. 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.
18. **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.