



Nah-Jee-Wah and Cedar Lake Camp

2015 Returning Camper Early Bird Application

Early Bird Pricing - Register by 9/30/2015

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

Apply online at www.njycamps.org OR Upload application at www.njycamps.org/upload

1. Camper Name: _____ **Grade Sep. 2016:** _____

2. NJY Camp

Camp Nah-Jee-Wah
Entering Grades 1 through 6 (Sep. 2016)

Cedar Lake Camp
Entering Grades 7 through 9 (Sep. 2016)

3. Choose Length of Stay in Camp

Full Summer
June 28 to August 18
Canteen/Video Fees Included

Full Pay **\$8645** \$750 Deposit **\$8845**

1st Session
June 28 to July 25
Canteen/Video Fees Included

Full Pay **\$5580** \$750 Deposit **\$5725**

2nd Session
July 25 to August 18
Canteen/Video Fees Included

Full Pay **\$4905** \$750 Deposit **\$5105**

4. Add on Total Specialty Camps (Optional)

1st or 2nd Session TSC Options

- 1 Specialty for 1 Week **\$250**
- 2 to 3 Specialties for 1 Week each **\$500**
- 1 Specialty for Entire Session **\$500**

Full Summer TSC Options

- 1 Specialty for 1 Week **\$ 250**
- 2 to 3 Specialties for 1 Week each **\$ 500**
- 4 Specialties for 1 Week each **\$ 700**
- 5 to 6 Specialties for 1 Week each **\$ 900**
- 1 Specialty for 1 Entire Session **\$ 500**
- 2 Specialties—1 Each Session for Entire Session **\$ 900**
- 1 Specialty for Entire Summer **\$ 900**

Choose Total Specialty Camps

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lenny Krayzelburg Swimming <input type="checkbox"/> Herb Brown Basketball <input type="checkbox"/> Maccabi Great Britain Soccer <input type="checkbox"/> Ron Blomberg Baseball <input type="checkbox"/> Israel Tennis Centers Tennis <input type="checkbox"/> Max Seibald Lacrosse | <ul style="list-style-type: none"> <input type="checkbox"/> 92nd Street Y Ceramics <input type="checkbox"/> 92nd Street Y Painting and Drawing <input type="checkbox"/> 92nd Street Y Jewelry Making (gr 7-10) <input type="checkbox"/> ErGo Media Film-Making (gr 7-10) <input type="checkbox"/> Gregory Kaidanov Chess <input type="checkbox"/> Carolyn Dorfman CDDC Modern Dance |
|--|---|

Dr Lynne B Harrison Science Center

- Astronomy
- Physics
- Biology and Chemistry
- Physiology and Kinesiology
- Robotics

5. Add on Horseback Riding

- 4 Times **\$ 90**
- 8 Times **\$ 180**
- 16 Times **\$ 360**
- No Horseback Riding
- Level I
- Level II

\$750 minimum deposit. Balance paid in maximum of six equal payments with final balance paid by April 1, 2015.

I hereby authorize NJY Camps to charge my credit card or debit my checking account in equal installments for the balance of the camp payment to be paid in full by April 1, 2015.

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 and registration. Baggage company & horseback riding charges are not included. I have read all the above terms and the terms described on the reverse side of this application. Full payments must include all fees (canteen, trip, TSC, Horseback Riding, etc) as applicable. I am financially responsible for all fees incurred.

Check Attached Payable to NJY Camps —Full Payment or \$750 Deposit and post dated checks for equal installments for the balance of the camp payment to be paid in full by April 1, 2015.

Charge My Credit Card (Visa, Mastercard, Discover, American Express accepted)

Credit Card # _____

Exp Date _____ CVV2# _____ Amount \$ _____

Full Name on Card _____

Debit My Checking Account

Bank Name: _____

A/B/A Bank Routing #: _____

Account Number: _____ Amount \$ _____

Name on Checking Account: _____

This application CANNOT be processed unless signed by a parent or guardian.

Signature _____ Relationship _____ Date _____

PLEASE READ THE REVERSE SIDE OF THIS APPLICATION

Camper _____
CHILD'S LAST NAME FIRST NAME MIDDLE NAME

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

Family E-Mail Address _____

Date of Birth ____/____/____ Gender _____ Grade in Sep. 2015 _____ Height _____' _____" Weight _____ lbs
M/F

Attended Camp Before? _____ If so, where? _____ When? _____

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

Cell Phone () _____ Work Phone () _____

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

Cell Phone () _____ Work Phone () _____

Parents' Relationship: (Please Circle) Married Separated Divorced Widowed Single

If not married, full name of person responsible for payment _____

Emergency Contact: _____ Phone () _____

Name of Synagogue (if any) _____ Town _____

Name of School _____ Town _____

HELP US HELP OTHERS

I would like to help send another child to camp... \$100 \$250 \$500 Other _____

If you have decided to help our campership fund, please add the amount to your check or credit card payment.

The New Jersey 'Y' Camps has a variety of giving plans. If you are interested, please call our Executive Director at (973) 575-3333 x120

TERMS OF ENROLLMENT (Please Read Carefully!)

1. Priority in registration is given to members of the affiliate YMHA-YWHA's and Jewish Community Centers in New Jersey. 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 NJ 'Y' Camps 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 normal and healthy. 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. 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 inimical 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.
7. 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.
8. Applications are accepted reserving the right and responsibility of Camp Administration to place campers according to its own age-level and readiness standards.
9. 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' Camps.
10. I hereby give permission for my child to leave camp grounds for camp programs.
11. 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.
12. 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.
13. 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 Pike County, PA.
14. 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.
15. 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 Pike County, PA, and shall be construed in accordance with the laws of Pennsylvania.
16. **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.