

2006 Camp Yachad Registration Form

Child's Name	Unit Attending	Code #	Circle Session(s)	Tsofim/Na'arim Add-on Week (circle week)	Birthdate	Grade Entering in Fall 2006	Gender	Friend Request (limit of one, must be reciprocal)	Office Use
			1, 2, both	7/17-7/21 7/24-7/28					MEM
			1, 2, both	7/17-7/21 7/24-7/28					BF
			1, 2, both	7/17-7/21 7/24-7/28					Dep
			1, 2, both	7/17-7/21 7/24-7/28					Ref

Friend requests must be reciprocal and limited to one friend only! If they are not reciprocal, camp cannot guarantee the request. Changes will not be accepted after March 15. If a friend is not requested by March 15, campers will be placed in an age appropriate group.

Transportation

Round-trip only will be provided by camp! Please indicate whether or not your child(ren) will use camp bus service. Campers must be age 3 and older. No changes will be made after March 15. Yes, we'll be riding the bus No, we prefer to carpool
 Please note here if pick up and drop off address is different from home address:

Personal Information

Family Name _____ Home Telephone _____ Family Email Address _____

Resides With _____

Mother's Name _____ Daytime Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Father's Name _____ Daytime Phone _____ Cell Phone _____

Address (if different) _____ City _____ Zip Code _____

Do you believe your child may require special services at Camp? If so, please contact Robin Brous at 908-889-8800 ext. 203 or Randi Zucker at ext. 253.

Larry Goldberger Scholarship Fund: I wish to help children with disabilities and extenuating family circumstances attend Camp Yachad this summer, Please add my TAX-DEDUCTIBLE donation of \$_____ is included in my deposit my camp tuition

2006 Camp Yachad Registration Form continued on back.

2006 Camp Yachad Registration Form (continued from front)

Camper T-Shirts

Camper's receive one complimentary t-shirt.
Please write the quantity in each box.

- Toddler 4 Child Small Child Medium Child Large
 Adult Small Adult Medium
 Adult Large Adult X Large Adult XX Large

NOTE: Additional shirts may be pre-ordered by using the enclosed order form.
A check must accompany each order. 2005/2006 CAMP T-SHIRTS ARE
MANDATORY FOR ALL CAMPER'S, EACH DAY OF CAMP!

Extended Care at the JCC

Early Arrival (code # 04320)

7:45-8:45am 1 Session \$85 Both Sessions \$140

Late Stay

(code # 04325)

*2:00 - 4:00pm 1 Session \$150 Both Sessions \$235

**Chaverim only may go home on a 4pm bus*

(code # 04325)

4:00 - 6:00pm 1 Session \$150 Both Sessions \$235

(code # 04335)

2:00 - 6:00pm 1 Session \$280 Both Sessions \$430

Camper's Name(s) _____

Please Read Carefully!

1. JCC Membership Dues and Builders' Fund must be current for camp application to be complete.
2. A deposit of \$300 for each camper must accompany this application. Make your check payable to the JCC of Central New Jersey. Deposits are NON-REFUNDABLE for any reason. Incomplete applications not accompanied by a deposit will not be processed.
3. I give permission for my child to take part in all activities including swim and trips away from camp. In the event of an emergency, I hereby give permission for the JCC to secure proper medical treatment for my child at a hospital or other health care provider selected by the JCC. I will be responsible for any uninsured cost of such treatment.
4. All camp fees are due by June 1, 2006. Camp spaces are automatically cancelled if payments are not received by this date. HEALTH CARDS MUST BE RETURNED BY MAY 1.
5. Participation in any JCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Jewish Community Center Camp Yachad, I/we as an individual or as a parent or guardian to the participant named herein, assume all risks and hazards incidental to the activities and agree to indemnify and hold harmless the Jewish Community Center of Central New Jersey, its officers/directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during participation in any camp activities, trips or use of any recreational facilities at or conducted by the Jewish Community Center Camp program.
6. I have read the above policy on Camp Registration and payment as well as the Camp brochure thoroughly and I agree to be responsible for 100% payments of all fees as prescribed and adhere to all procedures as stated.
7. I hereby give permission to the JCC and all persons acting within its permission, the absolute and unrestricted right to obtain, use, copyright, and/or publish photographic portraits or pictures of my child(ren), whether such pictures are still, moving, single, or multiple, or in which the above-named person is, in whole or in part.

The person signing below accepts full responsibility for 100% of camp fees/current membership status and health insurance throughout camp session.

Parent/Guardian Signature _____ **Date:** _____

Charge Your Deposit or Tuition: Amount _____ **Circle One:** MasterCard VISA v-codes: (last three digits by your name on back of card) _____
 Credit Card # _____ Exp. Date: _____ Signature: _____