



**YMCA Camp Ockanickon – School’s Out at Camp**

**Please fill in the date(s) your child(ren) will attend:**

\_\_\_\_\_

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ M  F

2<sup>nd</sup> Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ M  F

3<sup>rd</sup> Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ M  F

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Drop-ins registering on day of service will be charged \$55.00  
You may be turned away if at capacity.**

- \$45.00 (MEMBER) X # OF CHILDREN = \$\_\_\_\_\_ Total
- \$55.00 (\*NON-MEMBER/DROP) X # OF CHILDREN=\$\_\_\_\_\_ Total

PAYMENT TYPE: Total Due \$\_\_\_\_\_  Cash  Check #\_\_\_\_\_  Credit Card

Visa  MC  DISC  AMEX CREDIT CARD #\_\_\_\_\_ Exp. Date: \_\_\_\_ Sec. Code\_\_\_\_\_

Name on card \_\_\_\_\_

**SCHOOL’S OUT PARTICIPATION AGREEMENT**

YMCA Camp Ockanickon’s School’s Out Program requires that the following form is read, signed and submitted PRIOR to the participation of your child.

Participant’s Name(s): \_\_\_\_\_

I/We grant permission for the applicants to participate in all planned School’s Out/Camp activities including out-of-site/camp trips by van or bus, hiking or horseback riding, understanding that competent leadership is provided. In case of accident or illness the YMCA is authorized to secure emergency medical treatment. I/We understand that I/We will be responsible for payment of all medical bills. The YMCA is not responsible for lost, stolen or damaged personal articles. I/We also authorize the YMCA to have and use photographs, slides, video tape of the person named on this application as may be needed for public relations program.

I/We also understand that the YMCA is not for profit organization offering programs not otherwise available. In return, I/We individually and corporately, as organizers of the people involved release and agree to hold harmless the YMCA, it’s volunteers, agents, employees and officers irrespective of any negligent act or omission by the YMCA and/or those individuals arising from or released in any way to this YMCA program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO REFUNDS. There will be no refunds or credits issued for families canceling their enrollment.**

**THIS FORM MUST BE MAIL, FAXED OR DROPPED OFF AT CAMP OCKANICKON  
THIS FORM WILL NOT BE ACCEPTED AT SCHOOL’S OUT SITES**

## School's Out at Camp

Enjoy the fun of camp, while school is out, by going on nature walks, playing games, doing crafts, or meeting some of the creatures of the lake. **Breakfast is provided for those who arrive before 8:00am.** Lunch & Snack is also provided! (Activities start at 9:00am and vary daily based on weather and availability.) Please have your child prepared for an outside activity, rain, snow, or shine.

**PLEASE BE ADVISED THAT A CAMP DAY(S) MAY BE CANCELED IF THERE IS LOW ENROLLMENT**

**REGISTRATIONS WITH PAYMENT MUST BE RETURNED TO CAMP OFFICE NO LATER THAN TWO WEEKS PRECEDING THE SCHOOL'S OUT AT CAMP DAY.**

**\$45.00 (\*MEMBER)  
\$55.00 (NON-MEMBER & DROP-IN'S)**

**\*A MEMBER IS A CHILD ENROLLED IN THE 2010-2011 SCHOOL'S OUT PROGRAM**

**PLEASE MAIL REGISTRATION FORM TO:**

YMCA Camp Ockanickon  
1303 Stokes Road  
Medford, NJ 08055

**FAX REGISTRATIONS TO:**

609-654-8895 with credit card information complete.

For questions call the Camp Office at 609-654-8225

**For more information or to download additional forms, please visit our website at [www.ycamp.org](http://www.ycamp.org)**

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