

# WINTER CAMP !

## DECEMBER 27- 31, 2010

See old friends and make new ones!



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Enjoy your Winter vacation exploring the winter wonderland of the Pinelands! Reunite with friends from the summer! Take on the challenge course, go hiking, build campfires, explore creative arts and participate in fun sports and games! This is also your chance to offer input and ideas for future summer camp programs. Our 565 beautiful acres unveil a whole new world in the winter- come and join us!



### OVERNIGHT CAMP (ages 7-16)

Monday 12/27- Friday, 12/31

Drop-off: Monday, 12/27 at 2 pm

Pick-up: Friday, 12/31 at 9 am

Only \$295 per child

### DAY CAMP (ages 5-14)

Mon. 12/27- Thurs. 12/30

*Choose any day or choose them all !*

Daily: 7 am- 6 pm

Only \$60 per day per child

*20% Sibling Discount for Overnight and /or Day Camp*

**REGISTRATION: DUE BY DECEMBER 17, 2010- Please print clearly and use one registration form per child.**

Winter Camp has limited enrollment and will be filled on a first-come, first-served basis, so be sure to register soon! Please complete the information below along with the participation waiver on the back. Upon receipt of your registration, you will be sent a confirmation letter, directions, a "What to Bring" list, a health form to complete and other pertinent information.

#### DAY CAMP PARENTS PLEASE NOTE:

Meal Times: Breakfast 8:30 am, Lunch 1pm, Dinner 5:30 pm. We will begin meals promptly at the times scheduled. If you would like your child to eat breakfast & dinner at the camp, they will need to arrive by 8:15 am and be picked up at 6 pm.

Please circle the program(s) your child will be participating in:

**OVERNIGHT CAMP:** \$295 per child      **DAY CAMP:**    Mon. \$60    Tues. \$60    Wed. \$60    Thurs. \$60

Child's Name: \_\_\_\_\_ Sex: M F Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Payment Information

TOTAL \$ \_\_\_\_\_ (apply 20% sibling discount if applicable) ( ) Check *Make payable to YMCA Camp Ockanickon*

( ) Visa ( ) MC ( ) AMEX ( ) Discover Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Sec Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please return this registration form with payment by December 17 to:  
YMCA Camp Ockanickon      1303 Stokes Road      Medford, NJ 08055

Please turn over ➡

## YMCA CAMP OCKANICKON, INC. PROGRAM WAIVER

YMCA Camp Ockanickon, Inc. conducts its programs with the best interests of all participants in mind. The Y attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the Y are designed to further the educational, motivational and charitable objectives of the Y. Nonetheless, participants must understand that some of the activities of YMCA Camp Ockanickon, Inc. may involve inherent risks and hazards for which the Y cannot be held responsible. Because of the nature of Y's activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that YMCA Camp Ockanickon, Inc. cannot be held responsible in the event that injury occurs.

The undersigned represents that it knows of no legal, physical or health reason why he or she or the participating child (if the participant is a minor) cannot fully participate in the registered program.

The undersigned understands that no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the Camp Director.

The undersigned grants YMCA Camp Ockanickon, Inc. full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs and/or video taken by the Y and its agents of me and/or my child while the child is participating at the Y's events.

Finally, by signing below, the undersigned hereby acknowledges that it is understood that YMCA Camp Ockanickon, Inc. is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

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Name of parent/guardian  
(Please Print)

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Name of child  
(Please Print)

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Signature of parent/guardian

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Date

**For questions about this and other programs, please call or visit us on the web:  
Phone: 609.654.8225 Fax: 609.654.8895 Web: [www.ycamp.org](http://www.ycamp.org)**