



**LIMITED SPACE  
AVAILABLE!  
JUST 40 SPOTS  
PER WEEK!**

# SEE IT ALL THIS SUMMER

**2019 TRAVEL CAMP  
OLD BRIDGE YMCA  
GRADES 3-8  
JUNE 25-AUGUST 16**



**REGISTRATION  
BEGINS FEB. 1**



- Low Camper to Counselor Ratio
- Full Day Camp (Tue-Fri)
- Extended Care Included
- Online Registration
- Fun & Educational Trips

REGISTER ONLINE AT [HTTP://YMCAOFWMC.CAMPBRAINREGISTRATION.COM](http://YMCAOFWMC.CAMPBRAINREGISTRATION.COM)  
1 Mannino Park Drive [www.ymcanj.org](http://www.ymcanj.org) (732) 727-0704 ext. 317

# WELCOME

We welcome your family to our Travel Camp at the Old Bridge YMCA and look forward to a safe and fun-filled summer! Our first priority is to see that you and your children feel at home—this is your Y and you belong. Character development is integral to all YMCA programs. We are guided by four core values: Caring, Honesty, Respect, and Responsibility. We ask that all of our campers come to camp without any cell phones, iPods, or electronic devices, as we encourage everyone to learn social skills and make new friends! In the gym, at camp, in our homes and in the community, we strive to develop these character values in our members and ourselves.

As we believe that cooperation between parents and staff is essential to the success of our program and your child's enjoyment this summer, we ask that you read this Parent Handbook and familiarize yourself with our program. If you have any questions concerning the enclosed information, please call Kyle Cappelli at 732-727-0704, ext. 317

One of our goals at the Y is to not turn anyone away because of an individual's inability to pay. We offer assistance through our Ycares Financial Assistance Program, a confidential financial program that helps those needing support to participate in YMCA programs and services. Please visit [www.ymcanj.org](http://www.ymcanj.org) for further information and/or an application.

## The Y takes the prevention of child abuse very seriously

The Y is committed to taking proactive steps to protect children and is proud to offer support and provide resources to bring awareness to parents, caregivers, and the community. The Y's Child Protection Plan outlines policies within the four elements of screening and hiring, training, supervision, and feedback systems. The Y sees protecting children as a partnership with the family. We are committed to an open dialogue and we expect all parties to be vigilant in protecting children. Please ask to see the Y Child Protection Plan, which is located in the Welcome Center, and view our Employee Code of Conduct at [www.ymcanj.org/summercamp/ymca-code-of-conduct.pdf](http://www.ymcanj.org/summercamp/ymca-code-of-conduct.pdf).

## REGISTRATION REQUIREMENTS

**1. Submit a fully completed Camp application, including completed health form signed by both parents and physician.**

**2. \$150 NON-REFUNDABLE deposit per child. ALL BALANCES MUST BE PAID NO LATER THAN DEADLINE DATES LISTED ON PAGE 4. FAILURE TO PAY BY DATE LISTED WILL RESULT IN REMOVAL FROM REGISTRATION.**

**3. Youth Program Membership valid through camp session.** (See Page 5).

### **4. Payment Options:**

- Pay in full (cash/check/credit card)
- **MONTHLY** Auto Payment (**EPAY**)

Complete the section on the top of pg. 6, and your checking account or credit card will be automatically charged monthly on the 15th of the month through July 15. Your total registration cost will be divided and taken from your account.



**The Y reserves the right to modify and/or change any policies, fees, and/or regulations without notice.**



Old Bridge YMCA Travel Camp  
 1 Mannino Park Drive  
 Old Bridge, NJ 08857  
 Phone: 732-727-0704 ext. 317  
 Email: kcappelli@ymcanj.org



Child's T-Shirt  
 Size: \_\_\_\_\_

**Camper Information**

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in Sept 2019: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Valid E-mail (**REQUIRED**): \_\_\_\_\_

**Parent Information**

Parent One: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Parent Two: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Camper lives with: ( ) Mother ( ) Father ( ) Both ( ) Other Indicate: \_\_\_\_\_

**Emergency / Authorized Pick up Information**

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please notify the camp director in writing if there is someone who should not be allowed to pick-up your child. If a family member is not permitted to pick-up your camper, a court order must be forwarded to the Camp Directors attention.

A copy of a court order is enclosed.  
 Unauthorized Person(s)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Membership**

I have a valid membership for the YMCA of Freehold/Old Bridge Expiration Date: \_\_\_\_\_  
 I need a YMCA membership.  
 (\$27 Old Bridge Resident, \$32 Middlesex County, \$37 Non-Resident)

**Parental Agreement: Please read and initial the following.**

Initial:

I am paying in full with this application	
I am enclosing a deposit. I understand that payments must be made on the deadline dates listed. I am aware that failure to pay by these due dates will result in removal of registration from camp for that corresponding week.	
I understand that appropriate behavior for my camper(s) if required, and the YMCA has the right to deem any camper a safety risk for Travel Camp. In the event a child is deemed a safety risk, all Travel Camp enrollment will be cancelled and a refund will be issued.	
In case of a medical emergency, every effort will be made to contact parents/guardians of children. In the event I cannot be reached, I hereby give permission to the YMCA to seek proper medical attention.	
I understand that the Old Bridge Y is fully insured and this coverage is secondary to my family's health insurance provider's primary coverage for the participant.	
I hereby consent and authorize use and reproduction of photographs taken of my child, and to circulate same for advertising and publicity purposes. Please note: your child's name will <b>NOT</b> be included in these publications.	
I am aware that I must notify the Old Bridge to report delays in pick up and that I will be subject to a late charge of \$1.00 per minute after 4:45 pm (if not in extended care), 6:30 pm if in extended care.	
No refunds will be given. Credits may be issued for illness or injury resulting in three or more consecutive day's absence from camp. A doctor's note must be provided.	
I understand that I am financially responsible for all payments from my account including service fees incurred for non-payment or in sufficient funds.	

Session	Dates	TRIPS	TUE-FRI
<b>PLEASE NOTE: TRAVEL CAMP IS REGISTERED FOR ON A <u>WEEKLY</u> BASIS</b>			Place check for weeks selected
<b>1</b>	<b>June 25-28</b>	Tue 6/25: iPlay America (Freehold) Wed 6/26: NJ State Museum (Trenton) Thur 6/27: Bowlero (New Brunswick) Fri 6/28: Ellis Island (New York)	
<b>Session 1 registration &amp; payment required by June 12</b>			
<b>2</b>	<b>July 2-5*</b>	Tue 7/2: Insectropolis (Toms River) Wed 7/3: Keansburg Amusement Park (Keansburg) Thur 7/4: CLOSED FOR INDEPENDENCE DAY Fri 7/5: Madame Tussaud's Wax Museum (Manhattan)	
<b>Session 2 registration &amp; payment required by June 19</b>			
<b>3</b>	<b>July 9-12</b>	Tue 7/9: Circus Place (Hillsborough) Wed 7/10: Lakewood Blueclaws (Lakewood) Thur 7/11: Woodbridge Community Center (Woodbridge) Fri 7/12: Cedar Run Wildlife Refuge (Medford)	
<b>Session 3 registration &amp; payment required by June 26</b>			
<b>4</b>	<b>July 16-19</b>	Tue 7/16: Around the Corner Art Center (Freehold) Wed 7/17: Dave & Busters (Woodbridge) Thur 7/18: Rebounderz (Edison) Fri 7/19: Pedals & Paddles (Seaside Heights)	
<b>Session 4 registration &amp; payment required by July 3</b>			
<b>5</b>	<b>July 23-26</b>	Tue 7/23: Hurricane Harbor (Jackson) Wed 7/24: Rockville Climbing Center (Hamilton) Thur 7/25: Raritan Valley Planetarium (Branchburg) Fri 7/26: The Funplex (East Hanover)	
<b>Session 5 registration &amp; payment required by July 10</b>			
<b>6</b>	<b>July 30-Aug 2</b>	Tue 7/30: Adventure Aquarium (Camden) Wed 7/31: Somerset Patriots (Bridgewater) Thur 8/1: Yestercades (Red Bank) Fri 8/2: Turtle Back Zoo (West Orange)	
<b>Session 6 registration &amp; payment required by July 17</b>			
<b>7</b>	<b>Aug 6-Aug 9</b>	Tue 8/6: AMC Movies (East Brunswick) Wed 8/7: Sahara Sam's (West Berlin) Thur 8/8: Liberty Science Center (Jersey City) Fri 8/9: Fireball Mountain (Wrightstown)	
<b>Session 7 registration &amp; payment required by July 24</b>			
<b>8</b>	<b>Aug 13-16</b>	Tue 8/13: Plum Crazy Robotics (Marlboro) Wed 8/14: Six Flags Great Adventure (Jackson) Thur 8/15: Medieval Times (Lyndhurst) Fri 8/16: Branchburg Sports Complex (Branchburg)	
<b>Session 8 registration &amp; payment required by July 31</b>			
<p><b>4 Days: Tuesday-Friday \$385/week</b>            Cost Includes: Entry for all trips, complimentary AM/PM care (still must complete forms), and curbside AM drop-off.  <b>*Week 2—\$290 Closed July 4*</b></p>			
<p><b>TOTAL DUE:</b> _____</p> <p><b>*Travel Camp is NOT eligible for discounts*</b></p>			



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Old Bridge Travel Camp Guidelines and Information

**Our Travel Camp is back, and is now a four day per week program! With a low camper to counselor ratio, educational and fun trips, and professional supervision; our Travel Camp is a great way to get your child out and about this summer. Please read through the following guidelines and policies regarding our Travel Camp, as they may differ from those of our traditional day camp.**

- **Please Note: For safety and staffing reasons, there are only 40 spots available per week.**
- Travel Camp follows our Day Camp full-day schedule. Drop-off begins at 9:30 am and pick-up begins at 4:15 pm. **There is no half day option for Travel Camp.**
- ***On your child's first day of camp, he/she will receive three YMCA shirts. Shirts MUST be worn on all trip days. Any additional shirt will be \$5.***
- For reservation and staffing purposes, changes in your child's enrollment can **NOT** be guaranteed
- **Any cancellations for trip weeks must be done two weeks in advance to be eligible for refund/credit.**
- A bagged lunch and snack must be packed for your child unless otherwise specified.
- Please be sure to supply us with a valid and working email to relay any important information regarding trips.
- Travel Camp is only eligible for children entering 3rd-8th grade. **No exceptions will be made.**
- **If at any point a child is deemed to be safety risk to themselves or any other camper, they will be removed from the program.**
- The cost for Travel Camp also includes extended AM/PM care for all camp days. **Extended care forms still must be completed.**
- In addition, curbside AM drop-off is included with Travel Camp, allowing you to drop-off and pick-up your child at the front door. Please see Curbside Service information page on page 6 for times.

# E-PAY AUTOMATIC PAYMENT ENROLLMENT FORM

*By completing this section you are electing to enroll in Auto Payments (Epay), which will take your monthly payments from the account entered below automatically on 15th of each month. IF YOU DO NOT WISH TO ENROLL IN EPAY, YOU DO NOT HAVE TO COMPLETE THIS SECTION. If you enroll in Epay and receive a new credit card, please be sure to update your information with the Camp Director.*

Payment:    Check    Visa    Mastercard    Amer Ex    Discover    Name on Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

I have read and agree to the terms of payment and understand the refund policy

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

Date: \_\_\_\_\_

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## CURBSIDE DROP OFF INFORMATION

Along with your Travel Camp registration, you will receive Curbside Service. Curbside Service allow you to drop off your child at the front door of the YMCA without getting out of your car.

**Drop Off: 8:45-9:15AM**

Please note, if you will be using extended care these services will not be available. Upon registration you will receive three vehicle tags to distribute as you wish. Please be aware, no car will be permitted to drop off without the corresponding vehicle tag.

**\*Please note: This service is ONLY eligible during this time frames**

## HEALTH HISTORY

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade in Sept: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Medical History (Required by the New Jersey Department of Health & Safety)

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Immunization History:** Please record the date (month and year) of the basic immunizations and most recent booster. If you have any questions, check with your doctor. Physician's signature is NOT required unless your child needs to be administered medication. Dates are required either filled in or attached.

DBT Booster: \_\_\_\_\_ Tetanus Booster: \_\_\_\_\_ Polio OPV (Sabin): \_\_\_\_\_ MMR: \_\_\_\_\_  
Pertussis: \_\_\_\_\_ HBV: \_\_\_\_\_ HIB: \_\_\_\_\_ Varicella: \_\_\_\_\_  
Tuberculin Test: \_\_\_\_\_ / Result: \_\_\_\_\_ Date of last medical exam: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Does the child carry an asthma inhaler? \_\_\_\_\_ Will you be sending an EpiPen to camp? \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Chronic or recurring illness including seizure: \_\_\_\_\_

List all medications that your child is currently taking: \_\_\_\_\_

Please list any additional health history information we should be aware of: \_\_\_\_\_

**Parent Authorization:** This health history is correct and complete. The camper described in this form has permission to engage in all camp activities unless otherwise noted. I hereby grant permission to the Y Day Camp at Old Bridge to provide routine health care, administer prescribed medications and seek emergency treatment if necessary. In the event that I cannot be reached in an emergency, I hereby grant the Y Day Camp at Old Bridge to secure and administer treatment.

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

### Medication Permission Form:

I hereby request the following medication to be given to my child at the prescribed time and dosage by the camp's Director. This applies to over-the-counter medication. No medication will be given unless the information below is filled out in detail and signed by a licensed physician. All medication is to be brought to camp in the original contained labeled by the pharmacy. Medications must be delivered to the camp office by an adult. All medications will be kept in locked storage area. Medications will be returned only to the parent.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Time: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific Time: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

A physician is to sign this form if medication will be administered to your camper.

Physician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

[ ] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., Inhaler-bronchodilator if wheezing): \_\_\_\_\_



# Old Bridge YMCA Medication Policy

- Camp is not authorized to give any camper any over the counter medication without written permission from the parent/guardian. Parent/Guardians must fill out the medication permission form & health history form, if they would like the Camp Director to administer any medication to their child.
- No medication of any nature will be supplied by the camp
- All the medication must be bought in on the first day of camp, placed in the care of the Camp Director, put into a locked cabinet and labeled as followed:
  - Medication **MUST BE** in the original container, please **DO NOT** take the medication out of the container.
  - The original container must be labeled as followed:
    - Prescribing physician
    - Name of medication
    - Dosage and frequency of administration
    - Child's name and grade entering in September 2019.
    - Placed in Ziploc
    - Place current picture of child facing outside of closed bag attached to the form on the previous page
- If needed, the Camp Director will discreetly administer medications, as per physician's specifications (in a designated area) and manually log the dosage, time, symptoms, etc. in the camp's medication log.

**Any questions in regard to medication or our medication policy, please contact Kyle Cappelli, Camp Coordinator at ext. 317 or [kcappelli@ymcanj.org](mailto:kcappelli@ymcanj.org)**

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## What Does My Child Need for Camp?

- All campers in Travel Camp will carry their backpacks with them throughout the day, so please remember to pack **lightly**. All items belonging to your child should be **CLEARLY LABELED** with permanent marker. Some common items you will find in our Travel Campers backpacks will be:
  - Refillable water bottle
  - Sunscreen
  - Swim suit, towel, and change of clothes (when we travel to any water-themed activity, water park, etc.)
- All children must wear closed toe, tie-able sneakers. **CROCS, FLIP FLOPS, SANDALS ARE NOT PERMITTED AT CAMP.**
- Please do not send your child with any personal items. This includes, but is not limited to: electronic devices (cell phones, tablets, etc.), toys, card games (Pokémon, Yu-Gi-Oh!, etc.). **The Old Bridge YMCA is not responsible for any lost or damaged items.**
- **Bagged lunch for Travel Camp is required unless otherwise specified. Please do not send your child with money to purchase a lunch.**
- Feel free to send your child with spending money for souvenirs. However, please be sure to keep the dollar amount reasonable, as the YMCA is not responsible for any lost or misplaced money.



**SUNSCREEN PERMISSION FORM**  
**Old Bridge YMCA Travel Camp**  
1 Mannino Park Drive  
Old Bridge, NJ 08857  
(732) 727-0704

**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

Date \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

You should assist your child in putting on sunscreen BEFORE arriving at camp. All campers will be carrying their backpacks throughout their day. We ask that you please **clearly label**, and put your child's sunscreen in their backpack. We will assist if needed with applying sunscreen to bare skin including the face, tops of ears and bare shoulder, arms, and legs throughout the day as needed and before afternoon outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is your responsibility to provide sunscreen with a minimum SPF of 15.

**Please check one:**

- In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the camp.
- I do not want my child to use any other sunscreen other than the one I send to camp.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**Travel Camp Guideline Form**  
**Old Bridge YMCA Travel Camp**  
(732) 727-0704 ext. 305

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## **Cancellation/Change of Enrollment Policy**

Please note that all trips are booked and paid for in advance. While we understand scheduling conflicts occur, we can not guarantee any changes in enrollment. If you need to cancel your child's enrollment for any reason, this must be done AT LEAST two weeks in advance to guarantee a refund.

## **Expulsion Policy**

If at any point during the summer we identify a camper as a 'Safety Risk' we will issue one preliminary warning to the parent(s). A safety risk will be identified as any individual who is not following direction of staff, unable to stay with the group, is disrespectful to any staff of the YMCA or outside company, or does not represent our YMCA in a positive manner. If after a warning behavior does not improve, the YMCA reserves the right to remove the camper from the program. Any registrations will be cancelled and refund will be issued for the amount paid.

## **Medication Policy**

If your child will be in need of any medication or has any allergies please be sure to read this form carefully. Any medication or Epipen must be packaged in a gallon zip-loc bag with your child's name and grade clearly labeled on the front, along with a current picture. Any Epipen must also include a completed 'Food Allergy & Anaphylaxis Emergency Care Plan' form which can be found here on page 7. Any daily medication that needs to be administered must be included with a doctor's note with detailed instructions on dosage. Please note we will be unable to administer any medication without these guidelines being followed. On your child's first day of camp please submit your packaged medication to the Camp Director. All medication will be kept at our facility during your child's enrollment for camp. Each time we leave for a trip, your child's medication will be packed and transported with us wherever we are traveling. Upon our return, medication will be returned a locked medicine cabinet. Once camp has concluded for your child, it is the parents responsibility to pick-up your camper's medication. Also please note, medication will not be stored during the off-season for use next camp season. Any medication that remains at the Y will be properly disposed of by December 31, 2019.

I acknowledge that I have read agree to the guidelines listed above.

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PARENT/GUARDIAN SIGNATURE

---

DATE

# BULLYING POLICY AGREEMENT/CODE OF CONDUCT

## Old Bridge YMCA Travel Camp

1 Mannino Park Drive  
Old Bridge, NJ 08857  
(732) 727-0704 ext. 305

### CODE OF CONDUCT

The Y is committed to providing a safe and welcoming environment for all its members and staff. To promote the safety and comfort of everyone, all individuals are asked to act appropriately at all times when in our facilities or participating in a program.

We expect persons using the Y to act maturely, to be responsible and respect the rights and dignity of others. Our code of conduct outlines prohibited actions, but the actions listed are not an all inclusive list of behaviors considered inappropriate in our facilities or programs.

- Smoking is not permitted. The Y and its property are a smoke – free environment.
- Using or possessing alcohol or illegal chemicals on Y property, in Y vehicles or at a Y sponsored program
- Inappropriate, immodest or sexually revealing attire. Vulgar or profane language or images on clothing.
- Harassment or intimidation by words, gestures, body language, or any menacing behaviors.
- Theft or behavior that results in destruction or loss of property.
- Physical contact with another person in an angry, aggressive or threatening manner.
- Inappropriate use of electronic devices equipped with photographic capabilities.
- Absolutely no cell phone use in the locker rooms.
- Verbally abusive behavior, including angry or vulgar language, swearing, name calling and shouting.
- Sexually explicit conversation or behavior, any sexual contact with another person.
- Loitering within or on the grounds of the Y.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.

Members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their comfort, to refrain from doing so. If a member or guest feels uncomfortable confronting the person directly, they should report the behavior to a staff person or Director. YMCA staff is eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to carry out these policies, we ask that members and guests identify themselves to staff when asked. The YMCA will investigate all reported incidents. Suspension or termination of membership and/or guest privileges may result from a determination by the YMCA Executive Staff if, in their discretion, a violation of the YMCA Code of Conduct has occurred.

I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I may have against the YMCA of Western Monmouth County and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also grant full permission to the YMCA to use any photographs or video recordings taken of my family or me. I agree to comply with YMCA policies and procedures and understand that my membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities. I acknowledge that I have received a copy of this agreement for my records.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Parent or Legal Guardian must sign if applicant is under 18 years of age

As defined by the New Jersey Coalition for Bullying Awareness and Prevention, “Bullying is an act or threat that is unprovoked, repeated, aggressive, intended to cause fear, distress, harm, may be physical, verbal, or psychological in nature or combination, and may be bias/prejudice.”

“Acts of bullying may include: name calling, slurs, epithets, put-downs, taunts, teasing, bodily harm, hitting, kicking, tripping, shoving, taking or damaging personal property, saying/writing inappropriate things, starting rumors, public humiliation, deliberate exclusion, and coerced actions.” (New Jersey Coalition for Bullying Awareness and Prevention.)

Any camper observed bullying another camper or campers will have their parents notified along with the camper or campers being bullies by the YMCA Camp Director. If the problem persists, the Old Bridge YMCA may remove the camper who has committed the act or acts of bullying from camp.

We ask that you and your child carefully read over our bullying policy above and sign this agreement with the understanding of the Old Bridge YMCA’s policy and its repercussions.

**Parent Signature:** \_\_\_\_\_

**Child Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# YMCA of Western Monmouth County

Old Bridge YMCA Branch, 1 Mannino Park Dr. Old Bridge, NJ  
08857

## Parent Statement of Understanding

*The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the YMCA of Western Monmouth County. A copy will be filed with your child's records.*

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and/or volunteers.

I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the YMCA, unless necessary in certain limited cases for the smooth operation of a YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs.

If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and/or volunteers.

I understand that I am not to leave my child\* at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.

\*Note: The YMCA's policy is that children under the age of 9 may not be alone in our facilities/program sites.

I understand children should not receive excessive gifts (e.g., toys, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with the YMCA and must be of the age required by this YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

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Parent or Guardian Signature

Parent or Guardian Name (Please Print)

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*Program Participant's Name*

*Program Participant's Name*

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*Program Participant's Name*

*Program Participant's Name*

Date: \_\_\_\_\_

# **Old Bridge YMCA Travel Camp**

## **Frequently Asked Questions...**

**What are the ages for Travel Camp?**

- **Our camp is for children who are entering 3<sup>rd</sup>-10<sup>th</sup> grade in September 2019. No exceptions will be made.**

**What are the hours for camp?**

- **Travel Camp is strictly offered four days per week, Tuesday-Friday; with full day hours only, 9:30-4:30pm. Early pick-up is NOT available with Travel Camp, as we are scheduled to arrive back at the Y near 4 pm daily.**

**Do you provide extended care hours?**

- **Extended care is included in your cost for Travel Camp. However, you must complete our extended care enrollment form each week for staffing purposes. We have morning care from 7-9:30 am, and afternoon care from 4:30-6:30 pm.**

**Do you provide lunch?**

- **Travel Camp does not have an option to purchase lunch. Bagged lunch is required for all campers, unless otherwise specified.**

**Can I make changes to my enrollment?**

- **If we are able to make changes we will. However, changes cannot be guaranteed. Many of the trips we book require deposits and finalized numbers. Any changes or cancellations must be done at least two weeks in advance.**

**Can I enroll during the summer?**

- **Our camp enrollment is on a first come, first serve basis and does tend to fill up quickly. However, if we have openings we would be happy to enroll more campers during the summer, just remember each week must be registered two weeks in advance.**

**What is the counselor to camper ratio?**

- **During all trips we follow a 1:5 counselor to camper ratio**

**Is there trained medical personnel?**

- All of our staff is certified in CPR/AED for Professional Rescuers. During any escalated medical emergency, our staff is instructed to dial 911 and contact the parents/emergency contact.

**Do the campers go swimming?**

- In most cases, there will not be swimming involved with Travel Camp. However, there will be trips to water parks, in those cases there will be swimming during camp.

**Is there a bus service to camp?**

- No, there is no bus service to and from camp. Campers are responsible for getting to and from camp.
- We will provide bussing for trips throughout the summer.

**What are the included Curbside Drop-Off?**

- With Travel Camp, you are entitled to use our Curbside Services. This service allows you to drop-off your child at camp without leaving your car. This service is only available during the allotted time (8:45-9:15AM). If you will be using extended care, this service will not be available during that time.

**What should I do if my child is not coming to camp?**

- Parent/Guardians are asked to inform the Old Bridge YMCA as far in advance as possible if your child cannot make it to camp.

**What do the campers do if it is excessively hot or raining outside?**

- With the heat, trips will go forward as scheduled. Please be sure to send extra water and sunscreen. In the event of a thunderstorm or bad rain, some trips may be subject to cancellation. We will rework our trip that day to an indoor activity (bowling, movies, etc.)

**Can I register for camp online?**

- Yes, you can register online at <https://ymcaofwmc.campbrainregistration.com>

**Do you offer any discounts?**

- The Travel Camp at the Old Bridge YMCA is not eligible for any discounts.

# REQUIRED PARENT INFORMATION

We encourage you to review the following and discuss with the Director any questions or concerns you may have about the policies and procedures of the Y. It is the goal of the Y to keep our children safe and healthy.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subject to any form of hitting, corporal punishment, abusive language, ridicule, harsh humiliation or frightening treatment or any other kind of child abuse, neglect or exploitation by any adult, whether working at the Y or not, is required by State law to report such allegations immediately to the Division of Youth and Family Services Office of Child Abuse Control toll free at 1-877-NJ-Abuse (1-877-652-2873) or to any District Office such reports may be made anonymously. Parent(s) may secure information about child abuse and neglect by contacting: County Education Office, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625-0717.

For your review, we have included the following policies: Release of Children Policy, Expulsion Policy, and Management of Communicable Diseases.

## RELEASE OF CHILDREN POLICY

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the Y and to assume responsibility for the child in an emergency if the parent(s) cannot be reached. Any person(s) authorized to pick up a child must be 18 yrs. of age or older. If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the Y shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order. If the parent(s) or person(s) authorized by the parent(s) fails to pick-up a child at the time of the Center's daily closing, the Y shall ensure that:

- 1.) The child is supervised at all times;
- 2.) Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
- 3.) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the Y, the staff member shall call the Division's 24-hour Child Abuse Hotline 1-877-NJ-Abuse (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child; and
- 4.) If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the Director and/or staff member, the child would be placed at risk of harm if released to such an individual, the Y shall ensure that:
  - a.) The child may not be released to such an impaired individual;
  - b.) Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
  - c.) If the Y is unable to make alternative arrangements, a staff member shall call the Division's 24-hour Child Abuse Hotline 1-877-NJ-Abuse (1-877-652-2873) to seek assistance in caring for the child.

## EXPULSION POLICY

Unfortunately, sometimes there are reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from the program:

- Parents failure to pay/habitual lateness in payments
- Uncontrollable tantrums or angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting
- Parents failure to complete required forms, including child's immunization record
- Parents habitual tardiness when picking up child/children
- Parents physical or verbal abuse to staff
- Failure of child to adjust after a reasonable amount of time

### PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Staff will try to redirect child from negative behavior
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Staff will always use positive methods and language disciplining children
- Parent/guardian will be notified verbally



# REQUIRED PARENT INFORMATION

## PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION: (continued)

- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- A brief time out will be given so that the child can regain control
- Child will be given verbal warnings
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to suspension and potential expulsion
- The Director, head counselor and parent/guardian will have a conference to discuss how to promote positive behaviors

## MANAGEMENT OF COMMUNICABLE DISEASES

The following provisions relate to illness and/or symptoms of illness: 1. The Y serving well children shall not permit a child who has any of the illnesses or symptoms of illness specified below to be admitted to the Y on a given day unless medical diagnosis from a health care provider, which has been communicated to the Y in writing, or verbally with a written follow-up, indicated that the child poses no serious health risk to himself or herself or to other children. Such illnesses or symptoms of illness shall include, but not be limited to, any of the following:

- Severe pain or discomfort;
- Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea;
- Two or more episodes of acute vomiting within a period of 24 hours;
- Elevated oral temperature of 101.5 degrees Fahrenheit or over, or auxiliary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
- Lethargy that is more than expected tiredness;
- Yellow eyes or jaundice skin;
- Red eyes with discharge;
- Infected, untreated skin patches;
- Difficult rapid breathing or severe coughing;
- Skin rashes in conjunction with fever or behavior changes;
- Weeping or bleeding skin lesions that have not been treated by a health care provider;
- Mouth sores with drooling; or
- Stiff neck

Once the child is symptom free, or a health care provider indicates that the child poses no serious health risk to himself or herself or to other children, the child may return to the Y. The Y shall not permit a child or staff member with a communicable disease, as specified in the table below, to be admitted to or remain at the Y, until:

- A note from the child's or staff member's health care provider states that the child or staff member, respectively, has been diagnosed and presents no risk to himself, herself, or to others;
- The Y has contacted the Communicable Disease Program in the State Dept. of Health and Senior Services, or the Middlesex County Public Health Dept., and is told the child or staff member poses no health risk to others.

## TABLE OF COMMUNICABLE DISEASES

### Respiratory Illnesses

Chicken Pox  
German Measles\*  
Hemophilus Influenza\*  
Measles\*  
Meningococcus\*  
Mumps\*  
Strep Throat  
Tuberculosis\*  
Whooping Cough\*

### Gastro-Intestinal Illnesses

Campylobacter\*  
Escherichia coli\*  
Giardia Lamblia\*  
Hepatitis A\*  
Salmonella\*  
Shigella\*

### Contact Illnesses

Impetigo  
Lice  
Scabies  
Shingles

\*Reportable diseases, as required by N.J.A.C. 10:122-7.10(a)