



THIS SUMMER!

DESTINATION OF THE IMAGINATION at FRANKLIN LAKES REC CAMPS

Hosted by the
Wyckoff Family YMCA for Franklin Lakes Campers
in Grades K-8

Six (6) Week-Long Sessions / June 27-August 5 \$100 per Week

- Week 1** Journey to Atlantica in the Deep Blue Sea
- Week 2** Lift Off to a Galaxy Far, Far, Away
- Week 3** Adventures in the Valley of Peace
- Week 4** Whooooo's Coming Along to Whoville?
- Week 5** Tumbling Down the Rabbit Hole
- Week 6** Sweet Trip to the Chocolate Factory

HEROES CAMP

High Mountain Road School

9am-1pm K-3rd Grade

Sports & Games

Arts & Crafts

Theme Days

Wet and Wild Days

Fun Friday Lunch

On-Site Entertainment to include:

Save the Whales Assembly

Trip to Northern Highlands Planetarium

Jack's Petting Zoo

Whoville Glow Party

Zac Magic Show

Trip to FL Library for "The Dirtmeister Show"

*Trips subject to Change

CHALLENGES CAMP

Woodside School

9:15am-1:15pm 4th, 5th, 6th Grade

Challenge yourself every day in Sports,
Art, Wellness and More!

Fitness Days/Sports Clinics

Fun Friday Lunch

Swimming at the "Y" once a week

Off-Site Trips each week to include:

Bronx Zoo

Bowling

Tour of Yankee Stadium

Alstede Farms Pick Your Own &

Sunflower Maze

iPlay America

Ocean Institute at Sandy Hook

*Trips subject to Change

JOURNEYS CAMP

Woodside School

9:15am-1:15pm 7th-8th Grade

Take journeys to fun places and
experience your personal best in Sports,
Art, & Individual Growth.

Swimming at the "Y" once a week

Choice Days: Sports-Fitness-Art

Local Off-Site Outings

Off-Site Trips each week to include:

Bronx Zoo

Bowling

Tour of Yankee Stadium

Alstede Farms Pick Your Own &

Sunflower Maze

iPlay America

Ocean Institute at Sandy Hook

*Trips subject to Change

SPECIAL OFFER!

Register for 4 or more weeks per camper at your initial registration &

Receive 10% off your TOTAL FEES!

**Join the Fun! Registration Forms Available at the Y or
Franklin Lakes Community Center or Visit www.wyckoffymca.org**

Registrations accepted at the Wyckoff Y ONLY.



Wyckoff YMCA at Franklin Lakes Rec Camp 2016 Registration Form

Date of Registration _____

Camper's Name: _____ Grade in Sept.: _____

Male / Female (*circle one*) D.O.B. _____ Age as of 6/1/16 _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Email: _____

Mother's Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Please specify any allergies: _____

Parent Pick Up Authorization

Are there any custodial limitations involved? If yes, please provide appropriate documentation.

Listed below are individuals authorized to pick up my child from camp:

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Relation to Camper: _____ Relation to Camper: _____ Relation to Camper: _____

Important Information for Parents

Fees: Pre-registration is required. Weekly session fee is \$100. For your convenience, credit card, cash or check payments are accepted. Please choose sessions and dates carefully! It is the Y's policy not to issue refunds. Under certain circumstances, credits may be approved at the Director's discretion. If a child is registered for 4 or more weeks and receives the 10% discount, and subsequently withdraws to below a 4 week total, any credits, if approved, would be reduced by the total discounted amount. Changes can be made prior to June 3 without incurring a \$25 fee. Staff may recommend the withdrawal of any child if adequate adjustment to camp has not been made within a reasonable amount of time.

- ALL NEW REGISTRATIONS, AS WELL AS REGISTRATIONS FOR ADDITIONAL WEEKS TO EXISTING REGISTRATIONS, MUST BE COMPLETED BY 10:00PM ON THE THURSDAY PRIOR TO THE NEW WEEK OF ATTENDANCE.
- NEW REGISTRATIONS SUBMITTED AFTER THURSDAY AT 10:00PM WILL REQUIRE THE CAMPER TO BEGIN THEIR CAMP EXPERIENCE ON TUESDAY OF THE FOLLOWING WEEK. WHEN ADDING ADDITIONAL WEEKS TO EXISTING REGISTRATIONS, THE CAMPER CAN ATTEND ON THE FOLLOWING MONDAY. IN BOTH CASES, A SPOT ON THE ADDITIONAL WEEK'S TRIP MAY NOT BE AVAILABLE, AND ALTERNATE CARE IS NOT PROVIDED.
- FOR THE SAFETY OF EACH CHILD, THIS POLICY IS IN PLACE IN ORDER TO GUARANTEE THAT THE CHILD'S IMPORTANT EMERGENCY AND MEDICAL INFORMATION IS AVAILABLE ON SITE FOR THE CAMP DIRECTOR AND THAT THE CHILD IS PROPERLY ACCOUNTED FOR ON ALL ROSTERS.

Health Forms: Health Forms must be signed and submitted with your registration. Registrations will not be accepted without a completed Health Form. For your child's safety, immunizations must be current and a physical examination must have been performed within the last 12 months. **Children cannot attend camp unless ALL health forms are submitted prior to their first day of attendance.**

In consideration of my child's participation in the activities and swim at the Franklin Lakes Rec Camp, the Wyckoff Family YMCA, and Spring Lake Park, I, for myself, my heirs, executors and administrators, hereby release and forever discharge the Wyckoff Family YMCA and all representatives and personnel from all liabilities, actions, claims, demands, damages, costs and expenses, which may now or in the future have against them or any of them arising out of my child's participation at the above mentioned Franklin Lakes Rec Camp, Wyckoff Family YMCA, and Spring Lake Park including, but not limited to, all injuries that may be suffered by my child.

Additionally, I hereby grant the Wyckoff Family YMCA and/or its agents the unrestricted right to copyright and/or publish, or use photographs or pictures of me, or photographs or pictures in which my child may be included, in part or in composite, even if distorted in character or form. I agree that the photograph becomes the exclusive property of The Wyckoff Family YMCA, and I waive all rights thereto. I waive all rights to inspect and/or approve any text that may be used in conjunction with the photograph and the use to which it may be applied. (*No names or personal identifiers would be used*)

Signature _____

Date _____

Wyckoff Family YMCA at Franklin Lakes Rec Camp 2016

Sessions are as follows. Please check off desired sessions. Be sure to record the dates you've selected in your calendar for future reference.

- ___ Week 1 June 27-July 1
- ___ Week 2 June 5-July 8 (No camp on Mon. July 4)
- ___ Week 3 July 11-15
- ___ Week 4 July 18-22
- ___ Week 5 July 25-29
- ___ Week 6 August 1-August 5

Total sessions registered: _____

Total camp fees (\$100 per session) _____

CAMPER HEALTH HISTORY FORM 1

Franklin Lakes Rec Camp

691 Wyckoff Ave.
Wyckoff, NJ 07481

Grade in September _____

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Submit the original, signed FORM 1 with your registration.
- 3) Provide child's Universal Health Form OR complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide it to your child's health-care provider for completion.
- 4) After it has been completed and signed by your child's health-care provider, submit FORM 2 or Universal Health Form with your registration.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)
(Please attach Action Plan as prescribed by physician)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Parent/Guardian Authorization for Health Care:

I hereby authorize the Wyckoff Family YMCA to initiate emergency help for my child, _____, in the event I cannot be reached. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, Camp Wydaca has permission to obtain a copy of the described individual's health record from providers who treat them and these providers may talk with the program's staff about the described individual's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; **please attach to this form.**

| Immunization | Dose 1 Month/Year | Dose 2 Month/Year | Dose 3 Month/Year | Dose 4 Month/Year | Dose 5 Month/Year | Most Recent Dose Month/Year |
|---|---|----------------------|----------------------|----------------------|----------------------|--------------------------------|
| Diphtheria, tetanus, pertussis★ (DTaP) or (TdaP) | | | | | | |
| Tetanus booster★ (dT) or (TdaP) | | | | | | |
| Mumps, measles, rubella★ (MMR) | | | | | | |
| Polio★ (IPV) | | | | | | |
| Haemophilus influenzae type B (HIB) | | | | | | |
| Pneumococcal (PCV) | | | | | | |
| Hepatitis B | | | | | | |
| Hepatitis A | | | | | | |
| Varicella (chicken pox) | <input type="checkbox"/> Had chicken pox Date: _____ | | | | | |
| Meningococcal meningitis (MCV4) | | | | | | |

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:
 "Medication" is any substance a person takes to maintain and/or improve their health. Please review camp instructions about required packaging/containers. New Jersey requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

| Name of medication | Date started | Reason for taking it | When it is given | Amount or dose given | How it is given |
|--------------------|--------------|----------------------|---|----------------------|-----------------|
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Please select any/all medications that maybe given:**

Acetaminophen (Tylenol) ___children's liquid ___children's chewable ___regular strength adult caplet/tablet dose* _____

Ibuprofen (Advil, Motrin) ___children's liquid ___children's chewable ___regular strength adult caplet/tablet dose* _____

Diphenhydramine antihistamine (Benadryl) ___children's liquid ___children's chewable ___regular strength adult caplet/tablet dose* _____

Calcium carbonate (Tums) ___chewable

*If no dose is indicated, camper will be given dosage based on weight and manufacturer's directions.

Franklin Lakes Rec Camp

691 Wyckoff Ave.

Wyckoff, NJ 07481

To Parent(s)/Guardian(s): Complete this section and give **this form (FORM 2)** and a copy of your **completed CAMPER HEALTH HISTORY FORM (FORM 1)** to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City State Zip Code

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Diphenhydramine (Benadryl)
- Generic cough drops
- Calamine lotion
- Aloe
- Calcium Carbonate (Tums)

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc.—list**):

Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (**describe below**)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____