



# 2010 CAMP VERITANS APPLICATION & CONTRACT

YM-YWHA (JCC) of North Jersey

Winter — 1 Pike Dr. Wayne, NJ 07470 973-595-0100

Summer — 225 Pompton Rd. Haledon, NJ 07508 973-956-1220

## Register by October 18, 2010 and Save!!!

Register and pay a \$750 deposit by October 18, 2009

Balance must be paid by EFT Bank Drafts on 11/15/09, 12/15/09, 1/15/10, 2/15/10, 3/15/10 & 4/15/10

### CAMPER INFORMATION

Camper's Full Name \_\_\_\_\_ M  F  Birth Date \_\_/\_\_/\_\_

Age as of June 1, 2010 \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_ T-Shirt Size (circle one) Youth M L Adult S M L XL

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent's Status:  Married  Widowed  Divorced  Separated  Single

Father's Name \_\_\_\_\_ Year Round Y Member  Yes  No

Occupation \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Year Round Y Member  Yes  No

Occupation \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check if this is a new address  Is this your child's 1st summer at Camp Veritans?  Yes  No

How did you learn about Camp Veritans? \_\_\_\_\_

Would you like your child's name, address, and phone number to be listed in a bunk directory?  Yes  No  Name Only

Does your camper have special needs (dietary or behavioral issues) that need to be brought to our attention?  Yes  No

Please explain: \_\_\_\_\_

### TRANSPORTATION INFORMATION

Camper does not require transportation

Nearest intersection to home (list cross streets): \_\_\_\_\_

Bus stop last year if applicable: \_\_\_\_\_

Camp Veritans attempts to provide convenient bus stops within neighborhoods; however, some campers will be required to be bused from central transport locations. After 3/15, transportation will only be available from existing bus stops or from central transport locations.

BUNKMATE REQUEST (After March 15 we cannot always honor bunkmate requests. Only one name honored and must be reciprocal.)

Y  
M  
-  
Y  
W  
H  
A  
J  
C  
C

4 Weeks Session I: Monday, June 28, 2010 - Friday, July 23, 2010  
4 Weeks Session II: Monday, July 26, 2010 - Friday, August 20, 2010  
Full Summer: Monday, June 28, 2010 - Friday, August 20, 2010

For Office  
Use Only

SS

B

F

**TERMS OF AGREEMENT (Please read carefully)**

1. A non-refundable deposit of \$200.00 is required with each camper application. **In addition**, the first application from a family must include a \$200.00 non-refundable *Membership or Summer Membership* fee.  
**YEAR ROUND Y MEMBERS ONLY**  
 I am a member of the Y and agree to maintain my membership through June 30, 2011. I agree that the partial *Membership* fee of \$200 will be added to my Camp Veritans account and will be applied to my 2010-2011 Y membership fee. This will qualify me for the *Year Round Y Member* Camp Veritans tuition. In the event that I do not maintain my Y membership through June 30, 2011, I agree to pay the full *Summer Member* Camp Veritans tuition. The differential between the *Year Round Y Member* tuition and the *Summer Member* tuition will be due and payable immediately upon the lapse of my membership.
2. Payments other than those indicated above as non-refundable will be returned in the event that a camper enrollment is cancelled in writing on or before March 15, 2010. Absolutely no refunds will be made in the event of a cancellation after that date, other than for valid medical reasons as certified by the camper's licensed physician.
3. The camp reserves the right, in its sole discretion, to require the withdrawal of any camper whose behavior or conduct is determined to be inappropriate or unacceptable. In such event, no refund will be made.
4. In the event of an emergency, the officials of the camp may authorize any medical or other treatment which they deem necessary.
5. Enrollment constitutes authorization for campers to leave the camp grounds for trips, overnights, rainy day activities, and other camp programs. Enrollment also gives release to camp for use of camper's pictures in advertising literature.
6. No enrollment will be deemed accepted unless the family's financial account is current.
7. No camper will be permitted to attend camp while any required payment is in arrears.
8. No camper will be admitted to camp until a fully completed and signed application, a fully completed medical form, and all other required documents have been submitted to the camp registrar.
9. A discount in the amount of \$50 will be applied to subsequent camper tuitions after the first child in the same family is registered.
10. There will be no refunds made after March 15, 2010.
11. No refunds will be made if camp is closed due to emergencies or holiday. Camp will be closed July 5th.
12. I hereby waive and release any claim I may have for damages against YM-YWHA of North Jersey, Camp Veritans, and The Veritans Club, their officers, trustees and staff, for any and all injuries, as well as loss of personal property, that may be suffered during the course of the summer at Camp Veritans.
- 13. All account balances must be paid in full on or before March 15, 2010. Payment in full not received in full by March 15th, 2010 is subject to a \$100 late payment charge per camper application. There are NO EXCEPTIONS to this policy.**

**YEAR ROUND Y MEMBERS**

	4 Consecutive Weeks				8 Weeks			Extension Weeks			
	Until 10/18	Until 3/15	After 3/15		Until 10/18	Until 3/15	After 3/15	Until 10/18	Until 3/15	After 3/15	
Kinneret (K)	\$2391	\$2487	\$2636	<input type="checkbox"/> July <input type="checkbox"/> August	\$3488	\$3628	\$3846	\$482	\$502	\$532	(circle week numbers if registering for fewer than 8 weeks or adding extension weeks) 1 2 3 4 5 6 7 8
El Al (1,2)	\$2502	\$2602	\$2758	<input type="checkbox"/> July <input type="checkbox"/> August	\$3642	\$3788	\$4015	\$505	\$525	\$556	1 2 3 4 5 6 7 8
Negev (3,4,5)	\$2622	\$2727	\$2891	<input type="checkbox"/> July <input type="checkbox"/> August	\$3862	\$4016	\$4257	\$515	\$536	\$568	1 2 3 4 5 6 7 8
Galil (6,7)	\$2787	\$2898	\$3072	<input type="checkbox"/> July <input type="checkbox"/> August	\$4038	\$4199	\$4451	\$537	\$559	\$592	1 2 3 4 5 6 7 8
Masada (8,9)	\$3679	\$3826	\$4056	<input type="checkbox"/> July <input type="checkbox"/> August	\$5267	\$5478	\$5806	N/A	N/A	N/A	1st 4 weeks or 2nd 4 weeks
CIT (10)	N/A	N/A	N/A	<b>8 weeks required</b>	\$2583	\$2687	\$2848	N/A	N/A	N/A	8 weeks required

**SUMMER MEMBERS**

	4 Consecutive Weeks				8 Weeks			Extension Weeks			
	Until 10/18	Until 3/15	After 3/15		Until 10/18	Until 3/15	After 3/15	Until 10/18	Until 3/15	After 3/15	
Kinneret (K)	\$2830	\$2943	\$3120	<input type="checkbox"/> July <input type="checkbox"/> August	\$4126	\$4291	\$4548	\$560	\$582	\$617	(circle week numbers if registering for fewer than 8 weeks or adding extension weeks) 1 2 3 4 5 6 7 8
El Al (1,2)	\$2963	\$3081	\$3266	<input type="checkbox"/> July <input type="checkbox"/> August	\$4268	\$4438	\$4705	\$570	\$593	\$629	1 2 3 4 5 6 7 8
Negev (3,4,5)	\$3105	\$3229	\$3423	<input type="checkbox"/> July <input type="checkbox"/> August	\$4432	\$4609	\$4886	\$582	\$605	\$642	1 2 3 4 5 6 7 8
Galil (6,7)	\$3269	\$3400	\$3604	<input type="checkbox"/> July <input type="checkbox"/> August	\$4608	\$4792	\$5080	\$615	\$639	\$678	1 2 3 4 5 6 7 8
Masada (8,9)	\$4216	\$4384	\$4647	<input type="checkbox"/> July <input type="checkbox"/> August	\$6017	\$6257	\$6633	N/A	N/A	N/A	1st 4 weeks or 2nd 4 weeks
CIT (10)	N/A	N/A	N/A	<b>8 weeks required</b>	\$2997	\$3116	\$3303	N/A	N/A	N/A	8 weeks required

I further agree that, in the event the "Y" finds it necessary to employ the services of an attorney to enforce any of the terms of this agreement or collect any sums hereunder, I will pay the Y's reasonable attorney's fees plus court costs in connection with same. **I have read the above, understand and agree to its terms.**

Parent (or Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Camp Fee: \$ \_\_\_\_\_ + \$200.00 (SMF or 10-11 Mem. Dep) - SD \_\_\_\_\_ - EBD \_\_\_\_\_ = \$ \_\_\_\_\_ Total Due