



**YMCA OF
THE PINES**
EXPLORE. GROW. THRIVE.



SCHOOL'S OUT AT CAMP

**Enjoy the fun of
camp while school
is out!**

**Nature Walks
Games
Arts & Crafts
...& more!**

**Activities start at 9:00 a.m.
and vary daily based on weather
and availability. Please
have your child prepared for an
outside activity - rain, snow or
shine.**

**Breakfast is provided for those
who arrive before 8:00 a.m.
Lunch and snack are also provided!**

**Participants may be dropped
off as early as 7:00 a.m. at the
Ockanickon Dining Hall and
picked up as late as 6:00 p.m.**



SCHOOL'S OUT AT CAMP REGISTRATION FORM

Child Name: _____ M/F: ____ Age: ____ Birth Date: _____ Grade: ____

Child Name: _____ M/F: ____ Age: ____ Birth Date: _____ Grade: ____

Child Name: _____ M/F: ____ Age: ____ Birth Date: _____ Grade: ____

Address: _____ City: _____ State: ____ Zip: _____

Schools Out at Camp Dates: _____

Parent/Guardian Name: _____ Date: _____

Cell: _____ Work: _____ Email: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Participation Waiver

YMCA of the Pines conducts its programs with the best interests of all participants in mind. YMCA of the Pines attempts at all times to run programs that are educational, enjoyable and safe. The activities are designed to further the educational, motivational and charitable objectives of the YMCA of the Pines. Nonetheless, participants must understand that some of the activities may involve inherent risks and hazards for which YMCA of the Pines cannot be held responsible. 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 program being registered for. The undersigned grants YMCA of the Pines full rights to copyright, exhibit, and publish in any medium all photographs taken by YMCA of the Pines and its agents of me and/or my child/ren. Finally, by signing below, the undersigned hereby acknowledges that it is understood that YMCA of the Pines 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.

Signature: _____ Print Name: _____ Date: _____

School's Out Participant:	\$50	x _____	(# of children) = \$	_____
Not enrolled in School's Out:	\$60	x _____	(# of children) = \$	_____
			Total: = \$	_____

Payment Information (Please circle one)

Visa MasterCard AMEX Discover Check *Payable to **YMCA of the Pines**

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

Billing Address: _____ City: _____ Zip: _____

Refunds, Credits and Cancellations

YMCA of the Pines reserves the right to cancel or modify a program due to insufficient enrollment. If a program is cancelled by YMCA of the Pines, a full refund will be issued. After a program has started, no refunds will be given.

Please return this entire form via mail, email or fax to:
YMCA of the Pines

1303 Stokes Rd. | Medford, NJ 08055 | 609-654-8225 | fax 609-654-8895 | info@ycamp.org