



2007 BCNY Day Camp Registration

Camp Cromwell

How To Register

Please follow the procedure below in the order noted. Neatly print in pen on all forms.

1. See your **Clubhouse Registrar** to obtain all three 2007 registration documents.
2. **2007 Day Camp Registration Form.** Complete both sides of the form and sign it. Register only one member on a Registration Form for one or more sessions.
 - a. Please be sure that the health, medical and insurance information in Parts 7, 8 and 9 are current, especially if there were changes since you completed the **BCNY Health Record**. You may ask the Clubhouse Registrar to review your child's BCNY Health Record on file.
 - b. Attach additional sheets as necessary if you need more space to describe a concern.
 - c. Staff-In-Training Campers: Please check the box on the Registration Form.
3. **2007 New Jersey Summer Food Program Eligibility Application.** Please read both sides and follow the Instructions carefully, complete all required information, and sign this Application.
4. Submit all of the above forms to your Clubhouse Registrar with your **Day Camp fee**. The Registrar will check your forms for accuracy and signatures and then process your payment (s).
 - **Fees:** Sessions 1 & 2: \$60.00/first member, \$30.00 each additional member in a household
Session 3: \$30.00/first member, \$15.00 each additional member in a household
 - **Registration is final only when all forms are complete and the fee is paid-in-full. Final payment is due 17 days before the first day of the session for which you have registered.**
 - If all forms and full payment are not received by that date, your child will not be registered for Day Camp. **THERE ARE NO REFUNDS**
 - **Enrollment is limited.** Registrations are processed on a first-come, first-serve basis.
5. Attend the **Day Camp Orientation and/or Open House at Camp** you select.
 - **Attendance is required for all first-time campers and at least one parent/guardian.** Repeat campers are welcome. At the Orientation you will meet the Director of Camping and receive more information about what to bring, bus transportation and other important procedures that will make your boy's experience more rewarding.
 - **Open House at Camp. Attendance is highly recommended for all campers.** You will meet some of the summer staff and receive a tour of the camp site. A supplemental Orientation will also be conducted at the Open House to review and reinforce standard procedures and expectations. Bus transportation will be provided from each of the clubhouses and is limited to one camper accompanied by one parent or guardian.

CAMPERS CANNOT PARTICIPANT IN SUMMER TRIPS WHILE THEY ARE SCHEDULED TO ATTEND CAMP.



2007 DAY CAMP REGISTRATION - CAMP CROMWELL

1] Applicant Information

Name *first* _____ *int.* _____ *last* _____
 Address _____ Apt. _____
 City _____ State: _____ Zip _____
 Birth Date ___/___/___ Grade Entering in Fall ___ School Attending _____
 Age When At Camp ___ BCNY Clubhouse: Abbe Jefferson Harriman Member # _____
 Is this the Applicant's first time at a BCNY Day Camp? No Yes
 Is this the Applicant's first time at any day or sleepover (residential) camp? No Yes

2] Program & Session

Check the session (s) in which you would like to register your child.

Explorers
(Ages 6-9)

Session 1
(two weeks)
July 9-13 &
16-20

Session 2
(two weeks)
July 23-27 &
July 30-Aug. 3

Session 3
(one week)
Aug. 6-10

Discoverers
(Ages 9-11)

Session 1
(two weeks)
July 9-13 &
16-20

Session 2
(two weeks)
July 23-27 &
July 30-Aug. 3

Session 3
(one week)
Aug. 6-10

Pioneers
(Ages 11-14)

Session 1
(two weeks)
July 9-13 &
16-20

Session 2
(two weeks)
July 23-27 &
July 30-Aug. 3

Session 3
(one week)
Aug. 6-10

Staff-In-Training (Ages 15-18, male & female)

Session 1 (two weeks), July 9-13 & 16-20

Session 2 (two weeks), July 23-27 & 30-Aug. 3

* If you do well as an SIT, are you interested in coming back the week of August 6-10 as a staff member? Your answer does not effect your application. No Yes

* I am a: Male Female

* **NOTE:** You are applying to be an "SIT." Your application must be approved by a BCNY Clubhouse Administrator and you be interviewed by the Director of Camping.

Clubhouse Approval Signature _____
Print _____

3] Parent/Guardian Contact Information (called first in an emergency)

• Custodial Parent/Guardian Name *title* _____ *first* _____ *int.* _____ *last* _____
 Address _____ Apt. _____ Relationship _____
 City _____ State _____ Zip _____ to Applicant _____
 Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Email Address _____
 Employer _____ Address _____ City _____ State _____

• Second Parent/Guardian Name *title* _____ *first* _____ *int.* _____ *last* _____
 Address _____ Apt. _____ Relationship _____
 City _____ State _____ Zip _____ to Applicant _____
 Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Email Address _____
 Employer _____ Address _____ City _____ State _____

Authorized Pick-Up: Yes No Emergency Contact: Yes No

4] Others Authorized for Pick-up and/or Emergency Contacts

• #3 Contact Name *title* _____ *first* _____ *last* _____ Relationship _____
 Address _____ Apt. _____ City _____ State _____ to Applicant _____
 Phone (____) _____ - _____ Authorized Pick-Up: Yes No Emergency Contact: Yes No

• #4 Contact Name *title* _____ *first* _____ *last* _____ Relationship _____
 Address _____ Apt. _____ City _____ State _____ to Applicant _____
 Phone (____) _____ - _____ Authorized Pick-Up: Yes No Emergency Contact: Yes No

5] Orientation at Clubhouses Required for a first-time camper & his parent/guardian. Repeat campers & parent/guardians welcomed.

Abbe _____ Jefferson _____ Harriman _____

6] Open House at Camp Cromwell, Sat., June 16, 1:00-4:00 pm Includes an Orientation for those who have not been to one yet.

Will you attend? No Yes → How many people? _____ → For those who drive themselves, only camper's immediate household.
 Do you need BCNY bus transportation to/from NYC? No Yes → Only one camper & one parent.

2007 DAY CAMP CROMWELL REGISTRATION (continued)

7] Current Health Care and Insurance Information

- Physician _____ Phone (____) ____ - ____ X _____ Date of Last
Address _____ City _____ State _____ Examination ____/____/____
- Dentist _____ Phone (____) ____ - ____ X _____ Date of Last
Address _____ City _____ State _____ Examination ____/____/____
- Preferred Local Hospital _____ Phone (____) ____ - ____ X _____
Address _____ City _____ State _____
- Insurance Provider _____ Policy # _____ Group # _____

8] Current Medical Information in the Last Six Months

*Please accurately update the following information.
Attach another sheet if necessary.*

- **Allergies** (food, drug, animal, plant, etc.) _____
- **Diseases** _____ treatment _____ dates _____
_____ treatment _____ dates _____
- **Injuries** _____ treatment _____ dates _____
_____ treatment _____ dates _____
- **Emotional & Social Disorders** _____ treatment _____ dates _____
_____ treatment _____ dates _____
- **Immunizations** Attach a copy of your son's current immunization history.
- **Medications Being Taken** My child WILL NOT bring medications at Camp, including over-the-counter and non-prescription medications.
 My child WILL take routine medications at Camp as follows. *Please list ALL medications, including over-the-counter or nonprescription drugs, that will be taken routinely at Camp. Attach an additional page if necessary.*
Med #1 name _____ reason for taking _____
amount of dosage _____ frequency of dosage _____
Med #2 name _____ reason for taking _____
amount of dosage _____ frequency of dosage _____
- **Identify any Medications** taken during the school year that will NOT be taken during Day Camp. _____
- **Other Medical Concerns** _____

9] Restrictions The following restrictions apply to the above applicant.

Attach an additional sheet if necessary.

- Does not eat: Red Meat Pork Poultry Seafood Dairy Eggs Nuts Other *describe* _____
- Describe any necessary activity restrictions (e.g. *what cannot be done, necessary adaptations or limitations*) _____

10] Permission and Authorization

As the legal guardian of the above-named child and member/camper of The Boys' Club of New York (BCNY), I give permission for my child to fully participate in BCNY Day Camp activities as registered above and for BCNY to transport my child to and from New York City. I understand that there are hazards inherent to the camp activities, site and transportation and have noted any activity restrictions above.

As far as I know, the health history and information above is current and correct and updates the information I filed in my child's current BCNY Health and Immunization Records. If my child's health information changes before and while he is a Day Camper, I also agree to immediately provide additional written health information to BCNY Camp Cromwell.

I hereby authorize BCNY Camp Cromwell to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including transportation, for the member named above. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature _____ Date ____/____/____
Please Print Name _____

APPLICANT: I agree to abide all rules and restrictions placed on my participation in Camp activities for the well-being of myself and others.

Applicant (Child) Signature _____ Date ____/____/____