



2021 NJYM Camp Registration

::Youth Camp::

- For students entering grades: 7-2020 Grads
- Dates: July 19th – 23rd
- Location: Spruce Lake
5389 Route 447
Canadensis, PA
- 570.595.7505
- sprucelake.org
- ~~Cost: \$375 per student~~

::Kids Camp::

- For students entering grades: 3-6
- Dates: July 26th – 29th
- Location: Spruce Lake
5389 Route 447
Canadensis, PA
- 570.595.7505
- sprucelake.org
- ~~Cost: \$325 per student~~

Questions about camp?

Please call: 609.747.7878 x 2040 or go
to njym.org

::General Info::

- Arrival time is 1:00pm.
- Departure time is 10:00am.
- Facilities: all campers will stay in supervised dorms, rooms, or cabins.
- Telephone: campers are requested not to call home unless there is an emergency. Incoming calls are discouraged unless there is an emergency. In case of an emergency, contact the camp.
- Mail: daily “mail call” is a highlight of camp. You may forward mail with your camper’s name to their campgrounds. You must mail letter one week prior to the start of camp in order for the camper to receive it.

::General Camp Rules::

- Campers are under the authority of the camp staff during their stay at camp.
- Campers are not permitted to leave the camp grounds unless a written request by a parent/guardian is present at registration and approved by the camp director.
- Campers must stay in their cabins after "lights out". Any camper found outside this time without an approved reason will be sent home.
- Campers are expected to conduct themselves in an appropriate manner at all times and to attend all scheduled events.
- Use of tobacco, drugs, alcohol, or other illegal substances is strictly forbidden.
- No profanity, disrespectful, or crude speech of any kind will be tolerated.
- Any inappropriate interactions or public displays of affection between campers will not be tolerated.
- Do not bring MP3 players, iPods, electronic games, cell phones, ect. If found they will be confiscated and returned at checkout time after camp.
- Keep your room clean! Room checks will be done during morning chapel services.
- Respect other camper's belongings.
- Do not damage or deface any camp property! If something is broken or damaged report it immediately to your counselor. Unnecessary damage will be charged to the person (s) responsible. If the guilty person (s) cannot be found, each camper in the cabin will share the cost of any repairs needed.
- Check out at the end of the week is at the registration table. Each camper will be free to go AFTER their room has been cleaned up and approved by the camp director and signed out by camp administrator.

Campers should understand that any violation of camp rules might result in disciplinary action, the contact of their parent/legal guardians with the possibility of being sent home and forfeiting their camp registration fee.

::Camper Insurance::

All campers and staff members are insured for injury or sickness at camp by Special Markets Consultants Insurance Company. Special Markets will pay up to \$250 of eligible medical expenses. If expenses exceed this amount, Special Markets will pay the additional eligible medical expense up to the stated maximum benefits only if the insured is ineligible to receive benefit under any other policy. It is the responsibility of the parent/guardian to complete and submit all required forms (provided by NJYM) to Special Markets.

::What To Bring::

- Modest attire
T-shirts and shorts are acceptable. No spaghetti straps/tank tops, or shirts that show midriffs will be permitted. Shorts must be "finger-tip" length. If you are not appropriately dressed you will be sent back to your cabin to change and may result in missing scheduled activities during camp
- Girls: 1-piece swimsuits only
- Towels/soap/shampoo
- Flashlight
- Bible & notebook
- Spending money for snack bar
- Raingear

::What NOT To Bring::

- Firearms or fireworks
- Tobacco/Drugs/Alcohol/Weapons
(includes pocket knives)
- Cell Phones
- Expensive Jewelry/Electronics
- Bad attitudes

::Lost and Found Policy::

- Spruce Lake and NJYM will not be held responsible for any possessions lost, stolen, or left behind at camp. Further more, NJ Camp will not bring back any lost & found items at the conclusion of camp. Please leave all valuables at home.

:::Registration:::

This form is to be completed by the parent/legal guardian of each camper. Please provide all the information requested. Incomplete forms will not be processed until requested information is provided. In addition, a \$10 fee will be applied for each missing item of information, so please read the following carefully. PRINT CLEARLY WITH DARK INK ONLY.

CHECK: ☐ YOUTH CAMP JULY 19th-23rd ☐ KIDS CAMP JULY 26th-29th

Full Name: _____ Male/Female: _____ D.O.B: _____ / _____ / _____

Grade entering this fall: _____ Age: _____

Mailing Address: _____ City: _____

State: _____ Zip code: _____

Home Phone: _____ Parent's cell phone: _____

Parents/Guardians Names: _____

Parent/Guardians E-mail: _____

Church Currently Attending: _____ Church City: _____

Preferred Roommates: 1. _____

2. _____

You may choose two roommates. Your name must also appear on the application of these roommates.

The camp registrar will try to honor roommate requests however;

the camp director at his discretion may make changes.

Roommate requests are not available for campers on the waiting list.

Signature of Parent/Guardian Required

I have read and approve that all provided information is true. In addition, you have permission for my child to attend camp, to participate in all activities of camp and receive emergency medical treatment if necessary. Inspection of my camper's belongings to see they have not brought any prohibited or illegal items is permitted by me. Also, NJYM has permission to use photographs or videos of my child in any and all of its publications and all media pertaining to camp. You agree to make no monetary or other claims against the district for the use of such photos or videos.

Please sign above

Signature of Camper Required

I have read and agree to abide by all General Camp Rules as stated in this packet.

Please sign above

::Registration Continued::

Please read and make note of the following:

- ~~Make checks payable to "New Jersey District Council"~~
- ~~Mail to CAMPS PO Box 100 Burlington, NJ 08016~~
- ~~Rates include: \$25 non-refundable registration fee~~
- ~~A \$15 fee will be applied to returned checks~~
- ~~A \$10 fee will be applied to any incomplete forms failure to pay this will result in rejection of your registration~~
- *No on-site registrations will be accepted*

::Camp T-Shirts::

Registration fee includes 1 t-shirt per child. Any additional t-shirts will be \$10.
Please select your child's t-shirt size below.

Youth Camp

- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult X Large
- ☐ Adult XX Large

Kids Camp

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Youth X Large
- ☐ Adult Small

FOR OFFICE USE ONLY:

Received on _____ Check coded ____ Check # _____ Amount _____ Payee _____

::Health Records::

A copy of the camper's immunization records must be attached to this registration form. If the camper has not received standard immunizations due to personal beliefs please attached a written statement explaining your right to exercise this stance.

What communicable diseases has this camper had? (Please check the following)

☐ Measles

☐ Polio

☐ Mumps

☐ Scarlet Fever

☐ Whooping
Cough

☐ Other

Explain: _____

My Child has had the Varicella virus (chicken pox):

☐ Yes

☐ No

List age child contracted _____

Emergency Contact Information:

In the event of an emergency we will attempt to contact you first.

*In addition, we need someone who is **not** you or your spouse as a second emergency contact.*

Name: _____ Relationship to Camper: _____

Phone Number: _____

Please list any medically diagnosed **Allergies to:**

Drugs:

Food: *(please do not list food your camper dislikes, only medically diagnosed food allergies)*

Please list any health problems or limitations & any prescription medications:

::Health Records Continued::

Medical Attention:

Please check the following you wish to agree to. Note any unchecked item will require explanation.

My child may be given the following:

- ☐ Pain reducing medication (Tylenol, Aspirin, etc.) as deemed necessary by Camp Nurse
- ☐ Antacid tablets for upset stomach or stomachache
- ☐ Cough drops as needed for sore throat
- ☐ Basic wound care (cleaning with soap, antiseptic, antibiotic ointment, bandage)

Other Important Info:

- ☐ I understand a copy of my camper's immunization records must be attached to this registration form or a written letter of religious exemption. I have attached a copy of my campers immunization records to this registration or have attached a letter of religious exemption.
- ☐ All medications, including non-prescription drugs (even vitamins) MUST be turned into the camp nurse immediately upon arrival. Failure to do so can result in early dismissal from camp without a refund. By checking this box you are agreeing to ensure your camper gives all medication to the camp nurse upon arrival.

Parent/Guardian's Signature Authorizes:

- Treatment in the event of illness/injury and parent is not immediately available.

Signature: _____

Print Name: _____ Date: _____