



*Camp Sol of the Deaf*  
 3506 Palisade Avenue  
 Union City, NJ 07087  
[www.campsolofthedeaf.org](http://www.campsolofthedeaf.org)

*Inspiring  
 and  
 Empowering Deaf Children*

**One Camper Per Form / Make copies as Needed / Please Print all Information**

**Camper Information:**

Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Grade Next Fall \_\_\_\_\_ School \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_ If  
 Camper does not live with both parents, who has legal custody? \_\_\_\_\_  
 Physical Custody \_\_\_\_\_ Has the camper attended this camp before/when? \_\_\_\_\_ Any other  
 camp before/where? \_\_\_\_\_

**Camper T Shirt Size:** Youth S \_\_\_ Youth M \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL \_\_\_ Adult XXL \_\_\_

**Parent /Guardian 1 Full Name** \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Preferred Phone # \_\_\_/\_\_\_/\_\_\_ Alternate Phone # \_\_\_/\_\_\_/\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_

**Parent/Guardian2 Full Name** \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Preferred Phone # \_\_\_/\_\_\_/\_\_\_ Alternate Phone # \_\_\_/\_\_\_/\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_

**Payment Method:** PayPal plus 3% fee and personal check.

A non-refundable deposit of \$75.00 is required for each application.

Make check payable to: Camp Sol of the Deaf, 3506 Palisade Avenue, Union City, NJ 07087

Enclosed: # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Deposit, Fees &/or Refund:**

Rules of acceptance and participation in Camp Linwood’s programs are the same for everyone without regard to race, color, religion, sex, disability, or national origin. It is understood that all campers will be treated as individuals and respect shown for reasonable differences in tastes, preferences, abilities, and range of behavior patterns. Camp fees are non-refundable if a camper leaves due to homesickness, dismissal or voluntary withdrawal. CSD reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp, without refund.

Deposit must accompany registration form to be valid. Fees less any scholarship awarded, must be paid a minimum of two weeks prior to camp participation. Refunds are provided in the event of serious illness or mandatory summer school at-attendance which can be shown to prohibit rescheduling the session to a later date. No refund is given if a child is dismissed from camp for disciplinary reasons.

**PERMISSION FOR ENROLLMENT OF MINOR**

**(< AGE 18) & RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

I am an adult over the age 18 years of age and am duly authorized to grant permission for (child’s name): \_\_\_\_\_ to participate in all Camp Sol of the Deaf (CSD) activities and to release the ZDC and its staff members from all liability for any injury, loss and/or damage connected in any way whatsoever with participation in CSD activities whether on or off the CSD’s / YMCA’s premises. I recognize the fact that there is an inherent danger associated with participating in the activities of CSD. I certify that (child’s name) \_\_\_\_\_ is capable of participating in an active recreation experience. I understand that at any time he/she may opt out of an activity. I understand that even with every reasonable precaution is taken, accidents can sometimes still occur. I agree to hold harmless and blameless and indemnify CSD, employees (exempt and/or nonexempt), volunteers, Board of Trustees, independent contractors, sub-contractors, persons related, friendly, acquainted, visiting, associated, hired or trespassing on behalf of the CSD including their heir(s), executor(s)/executrix(s) and administrators because of, including but not limited to any accident, event, Act of God, injury or anguish, physical or otherwise, which I might receive or experience using or accessing or being within close proximity of the CSD / YMCA of Newark & Vicinity’s Camp Linwood MacDonald facilities. This extends to permitted and non-permitted access/use/proximity as well as authorized and unauthorized access/use/proximity.

I expressly agree that this Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and as inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

As required by New Jersey State Law, I give permission for my child to handle and fire a bow and arrow, and to participate in out-of-camp trips. My signature indicates acceptance of the CSD/ YMCA's policies.

**I have read and am voluntarily signing to indicate my agreement and authorization**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian / Print Name of Parent or Legal Guardian / Date

Relationship to Child \_\_\_\_\_

**PERMISSION TO VIDEOTAPE AND PHOTOGRAPH**

- I hereby grant permission for (child's name) \_\_\_\_\_ to be videotaped and/or photographed while participating in programs and activities of CSD. It is my understanding that videotaping and photographs will be used for educational, training and promotional purposes only. I may revoke this permission at any time by sending a letter to CSD with a copy of a photograph for identification purposes to minimize the accidental use of his/her image.
  
- I do not grant permission for (child's name) \_\_\_\_\_ to be videotaped and/or photographed while participating in programs and activities of CSD. I have provided a labeled photograph for identification purposes to minimize the accidental used of his/her image.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian / Print Name of Parent or Legal Guardian / Date

**Send completed form and a check to:**

Camp Sol of the Deaf  
3506 Palisade Avenue  
Union City, NY 07087

(VP) 646-559-3317

Camp Registrar: Maleni Chaitoo

Email: [zdcmalenichaitoo@gmail.com](mailto:zdcmalenichaitoo@gmail.com)

*We are in process of applying for 501(c)3 nonprofit organization.*