



Camp Sol of the Deaf, Inc
3506 Palisade Avenue, Apt 2
Union City, NJ 07087
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 _____
School Grade for Next Fall _____ School _____ Gender: Male ___
Female ___ Address _____ City _____ State _____
Zip Code _____ County ___ If Camper does not live with both parents, who has legal
custody? _____ Physical Custody _____ Had I participated in this camp before?
_____ when? _____ Have you participated in other camps? ___ Place _____

T-Shirts indicate the size: Youth S ___ Youth M ___ Adult S ___ Adult M ___ Adult L ___ Adult XL ___
Adult XXL ___

Full name of the father, mother or legal guardian: _____ Relationship with
Camper _____ Phone Number of: ___ / ___ / ___ Alternate Phone number: ___ / ___ / ___
E-Mail Address _____ Address _____
City _____ State _____ Zip Code _____ County _____

Full name of the father, mother or legal guardian 2: _____ Relationship with
Camper _____ Phone Number of: ___ / ___ / ___ Alternate Phone number: ___ / ___ / ___
E-Mail Address _____ Address _____
City _____ State _____ Zip Code _____ County _____

Method of payment: 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, Inc, 3506 Palisade Avenue, Apt 2, Union City, NJ 07087

Check number # _____ Amount: \$ _____

Deposits, charges and refunds:

The rules of admission and participation in Camp Linwood are the same for everyone without distinction race, color, religion, sex, disability, or national origin. It is understood that all campers will be treated as individuals and respected for reasonable differences in tastes, preferences, abilities and variety of behavior patterns. Camp fees are non-refundable if a camper leaves due to nostalgia, dismissal or voluntary retirement. Camp Sol of the Deaf, Inc reserves the right to remove any camper from the camp whose special needs they cannot 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 leaves the camp for disciplinary reasons.

**PERMISSION TO REGISTER MINORS (LESS THAN 18 YEARS OF AGE) AND
RELEASE OF LIABILITY AND COMPENSATION AGREEMENT**

I am an adult over the age 18 years of age and am duly authorized to grant permission for (name of child): _____ to participate in all Camp Sol of the Deaf, Inc (CSD) activities and to release the CSD and its staff members of any responsibility for any injury, loss and/or damage connected in any way with participation in CSD activities either inside or outside the CSD's / facilities. I recognize the fact that there is an inherent danger associated with participation in CSD activities. I certify that (name of child) _____ is able to participate in an active recreation experience. I understand that at any time he/she may choose not to participate in an activity. I understand that even with all reasonable precaution taken, accidents can sometimes they can happen. I agree to hold harmless and indemnified CSD, employees (exempt and/or nonexempt), volunteers, Board of Trustees, independent contractors, sub-contractors, related persons, friendly, visited, associated, contracted or pawns on behalf of the CSD including their heir(s), executors and administrators due, among others, to any accident, event, act of God, injury or anguish, physical or otherwise, you may receive or experience while using or accessing or being near the CSD / YMCA of the Linwood MacDonald Facility of the Newark and surrounding camp. This extends to access/use/proximity allowed and not allowed, as well as access/ use / proximity authorized and unauthorized.

I expressly accept that this Release and Waiver of Liability and Compensation is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any part is considered invalid, it is agreed that the balance must, in spite of continuing in full force and legal effect. As required by the State Law of New Jersey, I authorize my child to drive and shoot a bow and arrow, and to participate in trips outside the camp. My signature indicates acceptance of CSD 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 with the Child _____

PERMISSION TO VIDEOTAPE AND PHOTOGRAPH

- I hereby grant permission for (name of child) _____ to be videotaped and/or photographed while participating in CSD programs and activities. I understand that video recordings and photographs will be used only for educational, training and promotional purposes. 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 your image.

- I do not grant permission for (name of child) _____ to be filmed and/or photographed while participating in CSD. Programs and activities. I have provided a photo tagged for identification purposes to minimize the accidental used of your image.

_____/_____/_____

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

Send the registration form and deposit to:

Camp Sol of the Deaf, Inc
3506 Palisade Avenue, Apt 2
Union City, NY 07087

VP 267-331-4308

Camp Registrar: Mayra Castro

Email: csdmayracastro@gmail.com