



St. John's Church - ZOPPI DEAF CAMP

P.O. Box 200147, Newark, NJ 07102

www.zoppideafcamp.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 /Guardian 2 Full Name _____

Relationship to Camper _____ Preferred Phone # _____

Alternate Phone # _____ E-Mail _____

Address _____ City _____ State _____ Zip _____ County _____

Payment Method (Deposit of \$ 75 per camper is required upon Registration):

___ Check payable to: **St. John's Church – ZOPPI DEAF CAMP** 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. ZDC 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 ZOPPI DEAF CAMP (ZDC) 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 ZDC activities whether on or off the ZDC's / YMCA's premises. I recognize the fact that there is an inherent danger associated with participating in the activities of ZDC. 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 ZDC, 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 ZCD 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 ZDC / 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 ZDC / 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 VIDEO TAPE AND PHOTOGRAPH

- I hereby grant permission for (child's name) _____ to be videotaped and/or photographed while participating in programs and activities of ZDC. 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 ZDC 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 ZDC. 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 Registration Form and Deposit to:

**St. John's Church P.O. Box 200147 Newark, NJ 07102 (V) 973-623-0822
Camp Registrar: Rev. Bismarck Chau (E) zoppideafcamp@gmail.com**