

2011 CAMPER ENROLLMENT



PASSPORT SIZE
PHOTO REQUIRED
FOR NEW
CAMPER

PLEASE PLACE
PHOTO HERE

Camps Equinunk & Blue Ridge

MALE FEMALE RETURNING NEW

CAMPER NAME: _____ 2010-2011 SCHOOL GRADE: _____

CAMPER ADDRESS: _____ BIRTH DATE: _____

MOTHER:

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____

WORK #: _____

CELL #: _____

E-MAIL: _____

FATHER:

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____

WORK #: _____

CELL #: _____

E-MAIL: _____

Please indicate who should receive billing statements: Father Mother Both

Please indicate who should receive general mailings: Father Mother Both

EMERGENCY CONTACT INFO: (Other than parent)

NAME: _____ Relationship to Camper: _____

HOME PHONE: _____ WORK #: _____ CELL #: _____

Please enroll my child at the tuition rate of \$9,950 as per payment options below:

- Option 1:** EARLY PAYMENT DISCOUNT - \$ 300 Savings - discounted tuition of \$ 9,650 **paid in full by 9/15/10**
- Option 2:** \$ 2,500 Deposit with application \$ 2,500 due by March 1, 2011
\$ 2,500 due by Nov. 1, 2010 \$ 2,450 balance due in full by May 1, 2011
- Option 3:** Automatic monthly credit card or post dated check payment plan
\$ 1,850 Deposit with application, 9 payments of \$ 900 due 15th of each month beginning 9/15/10 through 5/15/11

Please make checks payable to: Camp Equinunk or Camp Blue Ridge or complete credit card information on back of form

IMPORTANT: In order for this application to be binding it must be signed by parent/guardian on reverse

Terms of Agreement

1. The undersigned acknowledges that he/she is the parent or guardian of the Camper designated overleaf and has full authority to enroll the child in a summer camp program. The undersigned further acknowledges that the information contained in this application is true and accurate.
2. Your child must be examined by a physician and all pertinent information must be submitted to the camp office on or attached to our medical form before arriving at camp.
3. If it is necessary to obtain off camp medical, surgical, dental services or prescription medication for the Camper, such expenses shall be paid by the parent and/or guardian. All Campers are required to have their own medical insurance provided by a parent and/or guardian and all pertinent information must be provided to the camp.
4. Camp reserves the absolute right to dismiss, in its sole discretion, a Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp, or who violates any Rules and Regulations, or who has preexisting medical or behavioral conditions not disclosed prior to the start of Camp. No refunds of any portion of tuition or fees will be made in the event of the voluntary or involuntary late arrival or early departure of a Camper, including dismissals.
5. Cancellation Policy: It is understood that all money paid is refundable, less an administration fee of \$300, if cancellation is made prior to October 1st, 2010. Cancellations received between October 1st, 2010 and May 31st, 2011 will incur a \$2,500 charge. No refunds will be made on any cancellations after May 31st, 2011. Notification of cancellation must be made in writing to the camp by certified mail. Refunds will be paid on 6/30/11. A finance charge of 1.5% per month (18% annually) will be applied to all outstanding balances, not paid by May 1st, 2011. Accounts that have not been paid within 90 days of billing will be subject to collection and attorney fees.
6. The camp is not responsible for damage or loss of musical instruments, clothing, personal effects or any and all personal property used during the Camper's stay. The camp specifically advises Campers not to bring jewelry or other valuables to camp.
7. No cell phones or other electronic communication devices are permitted at camp.
8. I give approval to my child's participation in any and all activities (on or off camp premises) of Camp. I understand and certify that my child's participation in Camp and its activities (on or off-camp) is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the Camp's programs particularly, but not limited to: horseback riding, swimming, water sports, ropes course, rock climbing, zip line, hiking on and of camp grounds, overnights, canoe trips, gymnastics, archery, land sports, athletic competition including bodily contact, inter-camp games, rollerblading and roller skating, use of equipment in certain creative arts activities and travel in camp owned and leased vehicles. I acknowledge that, although Camp has taken safety measures to minimize the risk of injury to camp participants, the camp cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I recognize these inherent risks and understand that I have assumed these risks by enrolling my child. Furthermore, I have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants and we both agree to do so.
9. I give Camps Equinunk and Blue Ridge permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.
10. This contract contains all the terms and conditions agreed upon by the parties, and no other agreement, oral or otherwise, regarding the subject matter of this contract, shall be deemed to exist or to bind any of the parties.
11. It is agreed that the venue and place of trial of any dispute that may arise out of this agreement or otherwise, to which camp or its agents, is a party is the Court of Common Pleas of Wayne County in the State of Pennsylvania. If any provision of this agreement is deemed to be illegal, unconstitutional or otherwise invalid, the remainder of the agreement shall not be affected but it shall be construed as if not containing the particular provision held to be invalid. In the event that the Camp is successful in any litigation, it is agreed that the losing party will reimburse the Camp for all attorney fees and costs of litigation.
12. In the event the camp cannot open on the scheduled date, or if the season is shortened due to an act of nature, order of civil authority, war, illness, any natural cause or Act of God, no refund will be given.
13. The camp tuition includes all camp activities, day trips, canteen fee and travel from NY, NJ, CT and PA. Tuition does not cover the cost of camp baggage delivery, uniforms or the three day overnight trip for 9th and 10th grade campers.

MEDICAL PERMISSION STATEMENT

In the event that I cannot be reached in an emergency, authority is hereby granted without limitation to the camp and its assigns to make any and all decisions and/or authorize treatment of the above named Camper with regard to all medical, surgical or dental matters that may arise while the Camper is in the care of the camp including, but not limited to, all matters regarding hospitalization, surgery, injections, medication, and/or anesthesia.

I have read and understand the terms of agreement and the medical permission statement above and I agree to be bound by the terms listed and accept its conditions. In the event that this agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at Camps Equinunk and Blue Ridge and to execute this agreement on his or her behalf. I, the undersigned, further acknowledge that the information contained in this enrollment application is true and accurate.

I have read and agree to the cancellation and refund policy as outlined in #4 & #5 of the Terms and Agreement above.

Parent or Guardian's Signature: _____ Date: _____

CREDIT CARD INFORMATION

Type of Card: **AMEX / VISA / MASTERCARD** Name on Card: _____

Card number: _____ Expiration Date: _____ / _____

Billing Address: _____ City: _____ St: _____ Zip: _____

Signature of Cardholder: _____ Amount to be charged: _____

Please note: The signature above authorizes Camps Equinunk & Blue Ridge to automatically deduct payments from this account, as per the tuition schedule overleaf. **Please check the box to cancel automatic deductions for the payment option # 2**