

Summer Office:
50 Island Lake Road
Starrucca, PA 18462
(570) 798-2550
Fax: (570) 798-2346



Winter Office:
175 Tompkins Avenue
Pleasantville, NY 10570
(914) 769-6060
(800) 869-6083
Fax: (914)-769-6161

2017

CAMPER'S NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CAMPER E-MAIL _____

circle one
PARENT NAME (MOTHER OR FATHER) _____ OCCUPATION _____

BUSINESS PHONE _____ CELL PHONE _____ E-MAIL _____

circle one
PARENT NAME (MOTHER OR FATHER) _____ OCCUPATION _____

BUSINESS PHONE _____ CELL PHONE _____ E-MAIL _____

PARENT'S ADDRESS IF DIFFERENT FROM CHILD (MOTHER OR FATHER – *please circle one*)

ADDRESS _____ CITY, STATE _____ ZIP _____

HOME PHONE _____

CAMPER GRADE IN SEPT. **2017**(next year) _____ REFERRED BY _____ CHILD T-SHIRT SIZE (YM, YL) OR ADULT T-SHIRT SIZE (S, M, L, XL)

YOU MAY LIST UP TO 3 BUNKMATE REQUESTS HERE:

1. _____ 2. _____ 3. _____

2017

Rates

- | | |
|--|----------|
| <input type="checkbox"/> Session 1 - June 24 to July 22 (4 Weeks) | \$6,400 |
| <input type="checkbox"/> Session 2 - July 22 to Aug 12 (3 Weeks) | \$5,300 |
| <input type="checkbox"/> Full Summer - June 24 to Aug 12 (7 Weeks) | \$10,500 |
| <input type="checkbox"/> 1 st Year CIT – Full Summer | \$9,400 |
| <input type="checkbox"/> 2 nd Year CIT – Full Summer | \$9,100 |

You can make partial or full payment with American Express, Discover, MasterCard, or Visa:

Credit Card #: _____ Expiration Date: _____ Amount \$ _____

3 Digit Security ID Code for Visa, MasterCard, or Discover ____ 4 digit for American Express ____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

This fee includes the regular camp registration, program of instruction, supervision, room and board, camp-approved sponsored group expense, canteen, transportation to camp-sponsored activities, day trips, normal camp materials, laundry service, insurance, gratuities, and transportation to and from Philadelphia, New York and New Jersey. The tuition fee should cover all camp expenses barring extraordinary personal expenditures. In consideration of the camper's enrollment and the payment of the appropriate fees, camp agrees to reserve a place and to hire instructors, counselors, and staff. The camp's planning; hiring, promotion and expenses are directly determined by the number of enrollments during the off-season. The seasonal nature of camping precludes any tuition rebate/reduction/allowance for camper's late arrival/early withdrawal/non-arrival/dismissal for cause.

If it is necessary to obtain off-camp medical/surgical/dental services for the camper, such expenses shall be paid by the parent except the portion supplied by the camp medical staff. Authority is granted without limitation to the camp/assigns in all medical matters to hospitalize/treat/order injection/anesthesia/surgery for the camper. The parent is responsible for all pre-existing medical conditions, out of camp medical/surgical/hospital/pharmaceutical/allergy expenses and for providing adequate quantities of necessary medications and allergy serums to camp in pharmacy containers with doctor's instructions. The parent(s) or legal guardian(s) hereby states that the camper is in good, normal health and has no abnormal physical, emotional, or mental handicaps.

Camp is not responsible for damage/loss/safety of musical instruments/clothing/personal effects/personal equipment used during the camper's stay. The camp specifically advises camper not to bring cash/jewelry/valuables to camp. During the camp season, the camper and his/her parents agree to abide by the camp rules and regulations for the health/safety/welfare of the campers and camp community. The parents agree to assume all financial responsibility for camp property damaged as a result of their child's actions.

The camp is appointed to serve in loco parentis. Camper may use hazardous equipment, may participate in any activity/trip including horseback riding organized by the camp staff on/off camp grounds and may travel, when deemed necessary by the camp, via public carrier.

Smoking/possession of or use of tobacco/narcotics/liquor or other intoxicant or drug on/off camp grounds is expressly forbidden. Camper may not leave camp grounds without the direct permission of the camp director. Violation of these rules or other reasonable regulations will result in immediate dismissal from camp without tuition rebate. The camp reserves the right to dismiss any camper whose conduct is unsatisfactory or inimical to the camp's best interests without tuition rebate.

Enclosed with this agreement is \$1500 per child enrolled in program. Payments on account of tuition (less \$250 registration fee) will be refunded if requested before December 1st. Cancellations of sessions will not be accepted after December 1st. Thereafter, no refunds will be made. All refunds will be made on or about May 1st. Installments on the balance will be due on December 1st, February 1st, & April 1st. A returned check fee of \$25 will be applied to all returned checks. These rates are subject to change without notice. Any outstanding balance precludes admission to camp. The exclusive venue of any dispute that may arise out of this agreement or otherwise between the parties to which the camp or its agent is a party, shall be either the local District Justice Court or the Court of Common Pleas, Wayne County, Pennsylvania.

The camp may include public performance and permission is hereby given for the camper to take part in such performances on/off camp grounds without compensation. The camp may use photographs/statements/articles/names/music/art/film/videotapes of/by camper in promoting camp/camp related activities/publication/advertising/exhibition.

The parent represents that he/she has full authority to enroll the camper/to authorize participation in activities/medical care and to contract the aforesaid. This contract constitutes the full understanding of the parties and cannot be modified except in writing signed by the parties. Both parents are jointly and severally responsible for the tuition and reimbursement of all medical and dental expenses advanced by the camp.

PARENT/GUARDIAN: _____ DATE: _____

DIRECTOR: _____

SPORTS & ARTS CENTER AT ISLAND LAKE, INC.