

CAMP ATWATER 2017 REGISTRATION FORM

CAMP OFFICE USE ONLY:

DATE RECEIVED: _____

SESSION ATTENDING: _____

Please complete this form and return it with your certified check, money order or credit card information to:

Camp Atwater
One Federal Street, Bldg. 111-3
Springfield, MA 01105

Camper Name:		Age:	(Month/Day/Year) Date of Birth:	
Address:		City:	State:	Zip:
Phone ()		Grade in Fall 2016:	Email address:	
Have you previously attended CA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, year(s) attended:		
How did you first learn about CA?				
<input type="checkbox"/> Alumni <input type="checkbox"/> Parents are Alumni <input type="checkbox"/> Grandparents are Alumni <input type="checkbox"/> Newspaper <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Conference <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____				
(Please circle one) Mother/Guardian Name:			Email address:	
Employment:				
Business Address:				
City:	State:	Zip:	Phone: ()	
(Please circle one) Father/Guardian Name:			Email address:	
Employment:				
Business Address:				
City:	State:	Zip:	Phone: ()	
Emergency contact person, if parent/guardian cannot be reached:				
Name:	Phone (H) ()	(W) ()		
Name:	Phone (H) ()	(W) ()		
Name:	Phone (H) ()	(W) ()		

Please submit the names and addresses of three non-family references (school, church, youth recreation center director, etc.)

NAME	ADDRESS	PHONE NUMBER

I PLAN TO ATTEND CAMP FROM (check one):

BOYS' SEASON

GIRLS' SEASON

June 25 – July 8 (2 weeks)

July 9 – July 22 (2 weeks)

TERMS: Camper fee is \$2,000.00 for each two-week session. An Additional Fee of \$100.00 is also required per session for items outside of tuition (i.e. t-shirt, hut picture, field trips). **One half of the total fee is payable upon receipt of acceptance.** The balance must be paid no later than 14 days prior to arrival at camp. A registration fee of \$175 is required with each application; this fee is non-refundable. All camp fees are non-refundable for any reason other than illness (verified by a physician), and the minimum stay for each camper is two weeks. ***Payment must be by certified check or money order only; payable to Camp Atwater.** A 10% reduction will be given off each additional camper when two or more siblings are registered for the same camp year, if not participating in any other discount program. **In an emergency, when neither I nor the Emergency Contact Person can be reached, I hereby authorize the Camp Director or an authorized representative to take any action deemed necessary for the best interest of my child. I give permission for my child to attend Camp Atwater and participate in all camp activities and for Camp Atwater to use any photograph in which my child appears for publicity purposes.** I further authorize the transportation of my child to and from Camp Atwater programs by authorized staff. I have read the Parent Handbook and agree to cooperate with all regulations, including refund policies stated therein.

FOR PAYMENT PURPOSES:

Visa or MasterCard (accepted only) Card # _____ Expiration Date: _____

Authorized Signature: _____ Amount: _____

_____ **Last 3 digits on the back of charge card**

(Payment Plan available to families registering between November 2016 and February 2017. Equal monthly installments can be arranged with the Camp office. Please call for arrangements.)

POLICY

1. If you have a prospective camper who has any chronic health condition which requires specialized treatment or support, please inform us prior to enrollment so that we can discuss our capacity to meet the camper/s needs. This includes behavioral or psychological challenges.
2. Camper age range is 8 to 15 years. Physical examinations are required 1 week prior to arrival at camp. **Failure to comply with physical examination requirement will bar admittance to camp.**

PARENT/GUARDIAN AGREEMENT

In signing this registration for Camp Atwater, the undersigned parent/guardian certifies that the applicant will have a medical examination prior to the time the camper enters camp and agrees as follows:

1. It is understood that in case of illness or injury to the camper requiring confinement to the Camp infirmary, or special medical/surgical treatment, the undersigned parent/guardian will be notified by camp management as quickly as possible. Camp management, when deemed advisable, will engage a physician, nurse or both to care for the camper in an emergency. If the parent/guardian cannot be reached, or does not otherwise request, treatment will be undertaken as considered necessary by the physician in charge. The undersigned parent/guardian agrees:

To voluntarily waive any claims against the Urban League of Springfield, Inc. and its leaders for any and all causes which may arise in connection with the activities of the above organization.

2. The parent/guardian agrees to make payment in advance for the charges of tuition, etc. at the stated rates.
3. After a reservation has been made for a specific period in camp, **there shall be no refund of registration or camp fees, except in case of illness, when a pro-rata refund will be made.**

This application has my approval and consent, subject to the conditions outlined above.

PARENT/GUARDIAN SIGNATURE

DATE