Mailing Address: Camp W P.O. Box 725 Plainview, NY 11803 (631) 692-6222 campwdaycamp.com info@campwdaycamp.com



Sibling Discount 2<sup>nd</sup> Child \$50 per week

**Referral Discount 4 Weeks: \$200 6 Weeks**: \$400

8 Weeks: \$600

## **Registration Form 2017**

**Registration Deposit: \$350** (Refundable up until February 1st, 2017)

Camper's Last Name		First Na	me			Male		Age	Grade As	Of Se	ptember	2017
						Female						
Address		City						Zip Code		e Phoi	ne -	
Camper's Birth Date		Physicia	n's Nam	ie			F	Physician	's Phone N	lumbe	er	
Father's Name	Father's	's Business Phone			Father's Cell Phone  ( ) -			Father's E-Mail				
Mother's Name	Mother's	Business -	Phone	Moth (		l Phone	N	Mother's	E-Mail			
Parent Marital Status:												
Emergency Contact #1 N	Emergency Contact #1 Phone  ( ) -						Relation To Camper					
Emergency Contact #2 Name		Emergency Contact #2 Phone  ( ) -						Relation To Camper				
Please circle the weeks your child will be attending Camp W: Total Week Selected												
		eek 3 7/10	Week 4 7/17		Veek 5 7/24	Week 7/31		Week 7 8/7	7 Week 8/14			
Extended hours, at no additional cost: (please circle days needed)  My child will require early care M T W Th F (7:30am - 8:30am)  My child will require late care M T W Th F (4:00pm - 6:00pm)												
Please check the program your child will be attending:  Kiddie Camp 4 year old - 1 <sup>st</sup> grade  Middle Camp 2 <sup>nd</sup> and 3 <sup>rd</sup> grade  Upper Camp 4 <sup>th</sup> - 8 <sup>th</sup> grade  9 <sup>th</sup> grade												
Camper's shirt size (plea	ase circle):	Youth:	S	M	L	Adult:	S	M	L	XL	2XI	٠.

## **REGISTER NOW! Before Rates Increase**

Own driving discount is \$50 per week and only for campers who are not in Early Care or Late Care.

	8 Weeks	6 Weeks	4 Weeks	2 Weeks
Early Bird Rates End November 15, 2016	\$4,100.00	\$3,750.00	\$3,025.00	\$1,600.00

Tuition includes transportation, 5 camp shirts, camp backpack, early and late care hours, afternoon snack, accident insurance, special events, trips, and professional camp shows. Additional camp shirts may be purchased for \$5 each and a replacement camp bag may be purchased for \$15. The camp is not responsible for any personal items which are lost, stolen or broken. I authorize Camp W to arrange for any and all medical care in case of an emergency. The medical staff or any third party health care provided in its sole discretion has permission to disseminate pertinent information to the camp or its staff. If medication is to be administered at camp, the Medical Release Form must be completed. Camp reserves the right to dismiss a camper without refund of tuition if the parent or child does not abide by Camp W policies or procedures, or if camper conduct is determined to be detrimental to the well-being of campers or camp. I give permission for my child to leave camp grounds for field and athletic trips. I authorize my child to take part in any and all camp activities and for the use of my child's image in pictures or videos, to be featured in advertisements or on the Camp W website.

I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. Such risks include uneven terrain, standing and moving water, forested and other areas that may result in wildlife encounters including mammals, reptiles and insects that could result in infections and various insect-transmitted diseases. I am also aware that my child may participate in off-campus activities such as inter-camp athletics, swimming, bowling and miniature golf that involve additional risks. In addition, there are certain unavoidable risks associated with various games and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in New York, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state. Any dispute submitted to arbitration under this clause must be heard by the arbitrator(s) in its entirety within one year of submission, who must render his or her decision within thirty days of the close of evidence.

The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all of any part of this contract is void or violable. All campers are required to wear a camp T-shirt and sneakers every day. A \$350 deposit is due with the registration form. There are no refunds for absences or unused camp sessions. Deposits will only be refunded up until February 1<sup>st</sup>, 2017. The balance is due on June 1<sup>st</sup>. Referral Discounts are given when you refer a camper who signs up for a minimum of 4 weeks per camper. You will receive your referral bonus once the person you referred pays their tuition in full. All camp extensions after 4 paid weeks of camp will be \$450 a week.

Date: Sign: Please note that a medical form  Camp W is in session Monday the Camp bus will pick up and return	n must be complete	ed and ret	urned to c	amp befo	re your ch	nild can at	tend Cam	p W.
Camp W is in session Monday the	nrough Friday from			amp befo	re your ch	ild can at	tend Cam	pW.
, ·	·	9:00a.m. T	To 1:00n m					
<u> </u>	·	9:00a.m. T	70. 4:00n m					
•	·		. U 4.UUU.III	. Camp wi	ll not be in	session or	1 Tuesday	July 4th.
	n vour child to the a	ddress give	•	•			•	. •
ends at curbside: child must be	•	_		_				
to depart bus in afternoon. Gu	O		_		, ,			
<b>P</b>			1					
Own driving discount is \$50	per week and on	ly for car	nners wh	o are not	in Early	Care or 1	Late Car	e.
0 W W V G W C W	per week white on		P		<u></u>	0410 01 1		
Please circle the weeks you	will <i>require hus tr</i>	ansnortat	ion·					
rease effect the weeks you	•	•						
	Week I	Week 2						
		7/2	7/10	7/17	7/24	7/21	0/7	0/1/
Total weeks selected	6/26	1/3	7/10	,, 1	1/47	7/31	8/7	8/14

## **Authorized Pick Up**

In the event of an emergency and you can't write a note, please list any adults that could be picking up your child. Please inform these individuals they must bring a photo ID with them. If the adult does not bring a photo ID we will not release your child.

Name	Cell Phone Number	Relationship