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: \$300 Own Driving Discount: \$50 per week Referral Discount- 4 weeks: \$250

**8 weeks:** \$500

**Registration Deposit: \$500** (Refundable up until March 1<sup>st</sup>, 2016)

## **Registration Form 2016**

Camper's Last Name		First Name	Male	Age	Of September 2016			
	Female			-   				
Address		City			Zip Code	Hom	e Phone	
			_	) -				
Camper's Birth Date		Physician's Nam		Physician's Phone Number				
Father's Name Father's Business Phone ( ) -			Father's Co	ll Phone	Father's E-Mail			
			Mother's C	ell Phone	Mother's E-Mail			
Parent Marital Status:	□ M	larried	□ Divorce	d	□ Single	e	□ Widowed	
Emergency Contact #1 N	Name	Emergency Cont  ( ) -	<b>;</b>	Relation To Camper				
Emergency Contact #2 Name		Emergency Cont  ( ) -	<b>:</b>	Relation To Camper				
Please circle the weeks your child will be attending Camp W: Total Week Selected								
Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 6/27 7/4 7/11 7/18 7/25 8/1 8/8 8/15								
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  Apprentice 9 <sup>th</sup> grade								
Camper's shirt size (plea	Youth: S	M L	Adult:	S N	1 L	XL 2XL		
		2 weeks	4 1	weeks	6 w	eeks	8 weeks	
Un to October 15	2015	¢1 /95 nn	¢2	812 NN	φ3.3	75 00	¢3 600 00	

	2 weeks	4 weeks	6 weeks	8 weeks
Up to October 15, 2015	\$1,485.00	\$2,812.00	\$3,375.00	\$3,690.00
Up to January 15, 2016	\$1,567.00	\$2,968.00	\$3,562.00	\$3,895.00
After January 15, 2016	\$1,650.00	\$3,125.00	\$3,750.00	\$4,100.00

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 \$500 deposit is due with the registration form. There are no refunds for absences or unused camp sessions. Deposits will only be refunded up until March 1<sup>st</sup>, 2016. 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.

Data	Siana	tura of Daranti							
Date:Please note that a me		ture of Parent:					ild oon ott	and Com	
Please note that a me	uicai ioiiii	must be complete	eu anu iei	urned to c	amp bero	ie your cir	nu can au	ena Camp	) <b>v</b> v.
Camp W is in session	Monday th	rough Friday from	9:00a.m. t	o 4:00p.m.	Camp wil	l not be in s	session on	Monday,	July 4th.
Camp bus will pick u	p and return	your child to the a	ddress giv	en below o	on the regis	tration form	n. Camp re	esponsibili	ty begins
and ends at curbside:	and ends at curbside: child must be waiting at curbside in morning when bus arrives, and guardian must be waiting for								
child to depart bus in afternoon. Guardians must supervise at drop-off and pick-up location.									
Please circle the w	eeks you w	ill require bus tr	ansportat	ion for:					
	•	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Total weeks selected	d	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15
Discount for doing	vour own	driving is \$50 p	er full we	ek: \$50 x	к # o	of full wee	ks =	disco	ount
	<i>y</i> = === ===			7					
All campers are ser	ved compl	imentary nizza l	unch on '	Thursday	s and a R	RO lunch	on Frida	avs.	
Tin campers are ser	ved compi	pizza i	unch on .	Indibadj	s una a b	D Q Tunen	on i iiu	4.j 5.	
Federal Tax ID#: 46-1	L237794								
<b>.</b>									

## **Parent Release Form**

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	Phone Number	Relationship