

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 <input type="checkbox"/>	Age	Grade As Of September 2016	
				Female <input type="checkbox"/>			
Address		City			Zip Code	Home Phone ( ) -	
Camper's Birth Date		Physician's Name			Physician's Phone Number		
Father's Name	Father's Business Phone ( ) -	Father's Cell Phone ( ) -		Father's E-Mail			
Mother's Name	Mother's Business Phone ( ) -	Mother's Cell Phone ( ) -		Mother's E-Mail			
Parent Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed							
Emergency Contact #1 Name		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 \_\_\_\_\_

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 (please circle): **Youth:**    S    M    L        **Adult:**    S    M    L    XL    2XL

### Before Discounts

	2 weeks	4 weeks	6 weeks	8 weeks
<b>Current Camp Rates</b>	\$1,550.00	\$2,925.00	\$3,650.00	\$4,000.00

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.

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

Please note that a medical form must be completed and returned to camp before your child can attend Camp W.

Camp W is in session Monday through Friday from 9:00a.m. to 3:50p.m. Camp will not be in session on **Monday, July 4th**. Camp bus will pick up and return your child to the address given below on the registration form. Camp responsibility begins 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 weeks you will require bus transportation for:**

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Total weeks selected _____	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15

**Discount for doing your own driving is \$50 per full week: \$50 x \_\_\_\_\_ # of full weeks =  discount**

**All campers are served complimentary pizza lunch on Thursdays and a BBQ lunch on Fridays.**

**Federal Tax ID#: 46-1679381**

**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