

2008 SUMMER SLEEPAWAY CAMP APPLICATION

CAMPER:

LAST NAME

FIRST NAME

RETURN TO:
 DPF Nassau County 4-H Camp Office
 Cornell Cooperative Extension of Nassau County
 40 Main Street, Lower Level
 Hempstead, NY 11550

How did you hear about our camp? (check only one)
 Returning camper Web
 Friend Other: _____

CAMPER INFORMATION -- PLEASE PRINT OR TYPE

Name _____ Sex _____ Grade in fall _____ Birth date _____ Age _____
 Address _____ Town _____ Zip _____ Home # () _____
 County of residence _____ Email _____ Cell # () _____
 Father's name _____ Home # () _____ Bus. # () _____
 Mother's name _____ Home # () _____ Bus. # () _____
 Additional emergency contact _____ Phone # () _____

I have attended the 4-H Camp for _____ summer(s) before this year.

Did you attend last year? Yes No

Are you a 4-H club member? Yes No Club name _____

Check if parent is on camp staff

CHECK T-SHIRT SIZE:

Youth S M L

Adult S M L XL

CAMPER REGISTRATION

1. Circle CAMP SESSION(S) requested: ➔

1	2	3	4	5	6	SUPER 7
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2. Optional: Circle SPECIAL PROGRAMS requested:

Extender Weekend Program (\$160/weekend)	1E	2E	3E	5E	6E		
Horse Program ★ (\$145/session)	1H	2H	3H	4H	5H	6H	7H
High Adventure Challenge ★★ (\$110/session)	1A	2A	3A	4A	5A	6A	7A

REQUIRED PERMISSION – Please sign each line that applies. See page 5 for Special Program Descriptions

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the following activities, and my child's participation and use of any equipment related may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers, and I hereby accept these risks and dangers.

★ _____ I give permission for my child to participate in the Horse Program.

Child's height _____ weight _____

Level of experience (check one) Beginner Intermediate Novice

★★ _____ I give permission for my child to participate in the High Adventure Challenge Course Program.

3. Optional: Circle BUS requested:

TO Camp (\$45/one way – \$60 round trip)	1T	2T	3T	4T	5T	6T	7T
FROM Camp (\$45/one way – \$60 round trip)	1F	2F	3F	4F	5F	6F	7F

ALL SPECIAL PROGRAM FEES ARE DUE WITH REGISTRATION

PARENT/GUARDIAN SIGNATURE REQUIRED

- ✓ I give permission for a doctor, nurse or camp designee to treat my child in the event of an emergency. My child suffers from no uncontrolled chronic illnesses. I understand that my own medical insurance policy will be applied to any medical/hospital costs incurred.
- ✓ I have read the camp brochure and will comply with all regulations, policies and procedures stated therein.
- ✓ I give permission for my child to participate in general camp programs as described in this brochure.
- ✓ I give permission to the DPF Nassau County 4-H Camp to use photographs taken of my child at camp.

#1 _____

PLEASE SIGN HERE - REQUIRED

PARENT/GUARDIAN SIGNATURE

You MUST sign #2 in order for your child to participate in trips or programs when they sign up at camp.

- ✓ I give permission for my child to participate in off-site excursions to nearby Long Island points of interest when they are relevant to camp programs (e.g. fishing, marine center, field trips, kayak).

#2 _____

PLEASE SIGN HERE

LAST NAME _____ **FIRST NAME** _____

BUNK WITH: *A maximum of two friends can be listed. We will do our best to accommodate depending on grade levels and age, and the number of bunks available in each cabin.*

List two names only. 1. _____ 2. _____

FEES AND PAYMENT:

- * Deposit is due with registration. The balance must be paid by May 15, 2008.
- * **Discounts only apply to applications received in our office with appropriate deposits and payments, and postmarked before April 15, 2008.**

**MAKE CHECKS PAYABLE TO:
CORNELL COOPERATIVE EXTENSION 4-H CAMP**

FOR CHARGES CHECK ONE: Visa MasterCard

Acct. # _____

Expiration date: _____

Amount to be charged: _____

Cardholder signature: _____

Refunds will only be considered when a refund request is received in writing, 2 weeks prior to the camp session and a \$100 non-refundable fee will be assessed to any refund request before June 1, 2008. After June 1, the cancellation fee is \$200 per session.

FEES (Discounts are already included)

Nassau resident			
Session 1 only	\$410	x _____ sessions	\$ _____
Session 2-6			
postmarked before 4/15/08	\$485	x _____ sessions	\$ _____
postmarked after 4/15/08	\$510	x _____ sessions	\$ _____
SUPER Session 7			
postmarked before 4/15/08	\$685	x _____ sessions	\$ _____
postmarked after 4/15/08	\$710	x _____ sessions	\$ _____
Non-resident			
Session 1 only	\$450	x _____ sessions	\$ _____
Session 2-7			
postmarked before 4/15/08	\$525	x _____ sessions	\$ _____
postmarked after 4/15/08	\$550	x _____ sessions	\$ _____
SUPER Session 7			
postmarked before 4/15/08	\$725	x _____ sessions	\$ _____
postmarked after 4/15/08	\$750	x _____ sessions	\$ _____
EXTENDER WEEKENDS	\$160	x _____ weekends	\$ _____

FEES THAT ARE DUE WITH REGISTRATION

* Bus transportation	\$ 60	x _____ round-trips	\$ _____
* Bus transportation	\$ 45	x _____ one ways	\$ _____
* Horse Program	\$145	x _____ sessions	\$ _____
* High Adventure Challenge	\$110	x _____ sessions	\$ _____

Deposit must be at least \$200 per session plus * fees	SUBTOTAL	\$ _____
MINUS AMOUNT ENCLOSED (DEPOSIT) (-)		\$ _____
<i>All fees must be paid by May 15, 2008</i>		
BALANCE DUE		\$ _____

FOR OFFICE USE ONLY

Account # _____

Date received _____

Last name _____

First name _____

Sex _____ Grade _____ Age _____

1 1E 2 2E 3 3E 4 5 5E 6 6E 7

Bus to Bus from

REGISTRATION PAYMENT

Camp fee due:		\$ _____
Extender Weekend fee	\$160/session	\$ _____
Horse Program	\$145/session	\$ _____
High Adventure Challenge	\$110/session	\$ _____
Bus fee – Round Trip	\$60	\$ _____
Bus fee – One Way	\$45	\$ _____
TOTAL		\$ _____

Deposit sent \$ _____ Balance \$ _____ Total enclosed \$ _____

Date _____ Payment: \$ _____ Ch.#/Visa/MC _____ Balance \$ _____

Date _____ Payment: \$ _____ Ch.#/Visa/MC _____ Balance \$ _____

Date _____ Payment: \$ _____ Ch.#/Visa/MC _____ Balance \$ _____