

2010 4-H CAMP APPLICATION 2010

CAMPER:

LAST NAME

FIRST NAME

RETURN TO:

DPF Nassau County 4-H Camp Office
Cornell Cooperative Extension of Nassau County
247 Woodlawn Road
West Hempstead, NY 11552

How did you hear about our camp? (check only one)

- Returning camper Web
 Friend Other _____

CAMPER INFORMATION

PLEASE PRINT OR TYPE

Name _____ Male Female Grade in fall _____ Birth date _____ Age _____

Address _____ Town _____ Zip _____ County of residence _____

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

PARENT/GUARDIAN CONTACT INFORMATION

PLEASE PRINT OR TYPE

Name _____

Name _____

Home phone # () _____

Home phone # () _____

Business phone # () _____

Business phone # () _____

Cell phone # () _____

Cell phone # () _____

Email _____

Email _____

EMERGENCY CONTACT (other than Parent/Guardian)

PLEASE PRINT OR TYPE

Name _____

Phone # () _____

Relationship to camper _____

Cell phone # () _____

PLEASE CIRCLE THE APPLICATION FEES FOR THE SESSION(S) FOR WHICH YOU ARE ENROLLING.

Write total amount for each session in the last column. Use separate registration form for each child.

| | Nassau Resident fee | | Non Resident fee | | MUST BE PAID WITH DEPOSIT | | | | | CHECK SESSION | Total | |
|----------------------------------|---------------------|---------------|------------------|-------|---------------------------|-------|-------|----------------|--------------|---------------|--------------------------|--------|
| | Before | After | Before | After | Weekend Stayover | Horse | Ropes | Bus Round Trip | Bus One Way | | | NO FEE |
| | APRIL 1, 2010 | APRIL 1, 2010 | TO | FROM | | | | | Super Soccer | | | |
| Session 1 June 28–July 3 | \$525 | \$550 | \$565 | \$605 | no stayover | \$170 | \$125 | \$60 | \$45 | \$45 | <input type="checkbox"/> | |
| Session 2 July 5–July 10 | \$525 | \$550 | \$565 | \$605 | \$160 7/10-11 | \$170 | \$125 | \$60 | \$45 | \$45 | | |
| Session 3 July 12–July 17 | \$525 | \$550 | \$565 | \$605 | \$160 7/17-18 | \$170 | \$125 | \$60 | \$45 | \$45 | <input type="checkbox"/> | |
| Session 4 July 19–July 24 | \$525 | \$550 | \$565 | \$605 | no stayover | \$170 | \$125 | \$60 | \$45 | \$45 | | |
| Session 5 July 26–July 31 | \$525 | \$550 | \$565 | \$605 | \$160 7/31-8/1 | \$170 | \$125 | \$60 | \$45 | \$45 | | |
| Session 6 Aug. 2–Aug. 7 | \$525 | \$550 | \$565 | \$605 | \$160 8/7-8/8 | \$170 | \$125 | \$60 | \$45 | \$45 | <input type="checkbox"/> | |
| Session 7 Aug. 9–Aug. 14 | \$525 | \$550 | \$565 | \$605 | \$160 8/14-15 | \$170 | \$125 | \$60 | \$45 | \$45 | | |
| Session 8 Aug. 16–Aug. 21 | \$525 | \$550 | \$565 | \$605 | no stayover | \$170 | \$125 | \$60 | \$45 | \$45 | | |

FIRST TIMER Camper Weekend June 12–June 13 Limited to 40 campers **\$125** for the weekend →

DEPOSIT OF \$200 for each session must be made with registration →

Ethnicity (check one) Hispanic non Hispanic

TOTAL ENCLOSED

Race (check one) White Asian
 Black Hawaiian/Pac. Island
 Alaskan/American Indian Other

Camper's 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.*

Bunk mate 1. _____

Bunk mate 2. _____

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.
- ✓ 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, accident, forces of nature or other causes may cause these risks and dangers, and I hereby accept these risks and dangers.

#1 _____

PLEASE SIGN HERE - REQUIRED

PLEASE SIGN EACH LINE THAT APPLIES...

I give permission for my child to participate in the HORSE PROGRAM _____

Child's height _____ weight _____ Level of experience: Beginner Intermediate Novice

I give permission for my child to participate in the ADVENTURE CHALLENGE COURSE PROGRAM _____

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

FEES AND PAYMENT:

- * Deposit due with registration. Balance must be paid by May 15, 2010.
- * Discounts only apply to applications received in our office with appropriate deposits/payments, and postmarked before April 1, 2010.
- * There is a onetime \$100 fee for any cancellation received in writing before June 1, 2010. For any refund after June 1, written cancellation must be received at least 2 weeks prior to the start of the scheduled session. A \$200 fee is non-refundable for each session.

FOR CHARGES CHECK ONE: Visa MasterCard

Acct. # _____

Expiration date _____

Amount to be charged _____

Cardholder signature _____

For events and activities sponsored by Cornell Cooperative Extension of Nassau County, accommodations for persons with disabilities may be requested by calling the main office - 516 292-7990 ext. 17.

FOR OFFICE USE ONLY

Account # _____

Date received _____

Last name _____

First name _____

Sex _____ Grade _____ Age _____

1 2 2E 3 3E 4 5 5E 6 6E 7 7E 8

Bus to Bus from

REGISTRATION PAYMENT

Camp fee due: \$ _____

Weekend Stayovers \$160/session \$ _____

Horse Program \$170/session \$ _____

Ropes (High Adventure) \$125/session \$ _____

Bus fee - Round Trip \$60 \$ _____

Bus fee - One Way \$45 \$ _____

TOTAL \$ _____

Super Soccer: Session 1 Session 3 Session 6

DEPOSIT SENT \$ _____

BALANCE \$ _____

TOTAL ENCLOSED \$ _____

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

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