

**Winter Office**  
 125 N. Burnt Mill Rd  
 Suite 200  
 Cherry Hill, NJ 08003  
 p. 856-428-6256  
 f. 856-428-6289



**Summer Office**  
 740 Saginaw Rd  
 Oxford, PA 19363  
 p. 610-932-8467  
 f. 610-932-3313  
[askus@campsaginaw.com](mailto:askus@campsaginaw.com)  
[www.campsaginaw.com](http://www.campsaginaw.com)

**Camper Enrollment Form - Summer of 2010**

Camper(s) Name	Sex	Date of Birth	Age (As of Sept. 2010)	Grade (As of Sept. 2010)	Session (Full, 1 <sup>st</sup> , 2 <sup>nd</sup> or 2-week* 1-2 or 5-6) *2-Week Session (1-2: entering 1 <sup>st</sup> to 4 <sup>th</sup> grades only or 5-6: entering 1 <sup>st</sup> to 7 <sup>th</sup> grades only)

**CAMPER'S INFORMATION**

Home Street		City		State	Zip
Home Phone		School Name		Camper's Email	

**PARENT'S INFORMATION**

Mother's Name			Father's Name		
Home Street			Home Street		
City	State	Zip	City	State	Zip
Mother's Cell		Home Phone		Father's Cell	
Mother's Email		Business Phone		Father's Email	
				Home Phone	
				Business Phone	

**PAYMENT METHOD:** Credit Card  Please Charge \$ \_\_\_\_\_ Check Enclosed  Amount \$ \_\_\_\_\_

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>		Card Number	Expiration Date
Cardholders Name	Bill to Address	Bill to City, State & Zip	

**BILLING & INVOICING PREFERENCES (Please make a selection)**

<input type="checkbox"/> <b>Invoice:</b> Camp Saginaw will <b>invoice you</b> for five equal monthly installments due on December 15, January 15, February 15, March 15 and April 15. All accounts must be paid in full by April 15th.	<input type="checkbox"/> <b>CC Autobill:</b> Camp Saginaw will <b>automatically</b> charge the credit card listed above for five equal monthly installments due on or about December 15, January 15, February 15, March 15 and April 15. All accounts will be charged in full on or about April 15th.
<b>Please Note:</b> If you enroll after an installment due date your installments will be divided by the number of remaining due dates. I.e. If you enroll on January 31, you will pay the \$650 deposit and the remaining balance will be divided by 3 due Feb. Mar. & April 15 <sup>th</sup> .	
<b>Invoice Preference:</b> <input type="checkbox"/> Email Only <input type="checkbox"/> Postal Mail Only <input type="checkbox"/> Both Email and Postal Mail This does not affect the <b>Autobill</b> selections above. This only affects the way you will receive invoices.	If Email, which email? <input type="checkbox"/> Mother <input type="checkbox"/> Father

Kindly enroll the camper(s) named above for the 2010 camp season, subject to the "Conditions of Enrollment" set forth on this and the reverse side of this form. By my signature below, I give permission for my child (children) to be taken out of camp for supervised camp activities. I give permission that any photographs, videos or interviews taken of my child(ren) may be published and used to illustrate, promote and advertise Camp Saginaw and it's camping activities. **AUTHORIZATION FOR TREATMENT:** I hereby give permission to the medical personnel selected by the Camp to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for my child as named above. The completed medical form may be photocopied for trips out of camp. By my signature, I agree to abide by all "Conditions of Enrollment" and "Rules of Payment" as listed on the reverse side of this form.

**A deposit of \$650 is enclosed for each child. Please note: \$150 of the deposit is a NON-REFUNDABLE application fee.**  
 I understand that the balance will be paid in monthly installments beginning in December and is due in full on or before April 15<sup>th</sup> of the camp year.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CONDITIONS OF ENROLLMENT

1. I understand that following acceptance of enrollment, Camp must receive a completed camper questionnaire, medical form and insurance/prescription forms on or about April 15<sup>th</sup>. I also agree to advise the camp prior to my child's summer session of any last minute medical conditions or situations which may arise.
2. I understand that the Directors reserve the right to refuse a camper, or to cancel any camper enrollment if either the camper's personal questionnaire, or medical certificate is deemed unacceptable. The Directors also reserve the right to discharge a camper whose conduct is unacceptable. In such a case, the deposit or any unused camp fees will not be refunded.
3. I understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
4. I understand that there is no allowance for late arrival or early withdrawal.
5. I allow any third party hospital, doctor, etc. to release any information regarding my child's medical condition to the camp's Directors, camp's medical staff and other medical personnel. I allow the camp medical staff to share my child's medical information with the Camp Directors, as needed. I understand that the Directors reserve the right to send my camper home or to hospitalize my child or to seek outside medical assistance. All related expenses shall be paid by me or my insurance.
6. I understand that Camp is not responsible for camper's equipment or personal belongings, although effort will be made by the Directors to safeguard possessions. Jewelry, I-pods, costly cameras, expensive wardrobes, and other expensive items should not be brought to camp. All money should be kept in the office safe (the camp bank). **Cell phones are not permitted in camp.**
7. I understand that the Camp provides a safe in the main office for deposit of camper's extra spending money provided by parents. Hours for banking are posted, and there are daily opportunities for campers to withdraw and or deposit money. Camp is not responsible for money that is lost.
8. I understand the "Package Policy," which states; no box packages or food items are permitted at camp. Flat 9" x 12" envelopes are allowed.
9. I agree that any dispute concerning, relating or referring to this contract, any representation concerning my child's camping experience, or the camping experience itself shall be resolved exclusively by binding arbitration in Pennsylvania, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Pennsylvania. Any claim brought for breach of the agreement, the non prevailing party shall, in addition to any other remedies, be required to pay prevailing party's attorney fees and other costs of defense.
10. Campers and parents (or guardians) agree to abide by Camp Saginaw's rules and regulations.

<b>RULES FOR PAYMENT</b>
<ol style="list-style-type: none"><li>1. <b>Your \$650 deposit must accompany the application.</b></li><li>2. <b>\$150 of the deposit is a NON-REFUNDABLE application fee.</b></li><li>3. <b>Please make checks payable to "Camp Saginaw."</b></li></ol>