

## CAMP APOLLO REGISTRATION AGREEMENT 2018

Please Print

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Telephone \_\_\_\_\_

First, Last

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Bus. Telephone \_\_\_\_\_

First, Last

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

First, Last

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

First, Last

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance Name & ID Number \_\_\_\_\_

Pharmacy \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Present Grade \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_

**Camp Program (circle one)**

**Mini-Day (Pre-K, K) 3 Days (Select any 3 Days - M, T, W, Th, F), or Mini-Day - 5 Days,**

**Full Day Pre-K - Gr. 4 (No Trips), Full Day Gr. 1-7 (Trips), Tweens Gr.5,6,7, Teen Travel Gr. 6-10**

- (1) Tuition includes camp activities, camp trips (if registered in the trip program), camp tee shirts (4 camp tee shirts for the teen travel program; 2 camp tee shirts for Grades 5, 6 & 7; 1 camp tee shirt for all other campers), daily snack (except for the teen travel program and camp trip days for other campers.)
- (2) A deposit of \$300 shall be paid at the time of regular camp registration and a deposit of \$400 shall be paid at the time of teen camp registration and the full balance shall be paid by May 1, 2018. If the balance is not paid in full by May 1, 2018, the early bird discount will not be in effect and the late registration fee will prevail. Except for an administrative charge of \$125.00, the deposit paid for the camper is refundable provided that written request for such refund and written notice of cancellation of this Agreement is received by the Camp prior to May 1, 2018. There shall be no refunds given after May 1, 2018. There is no pro-ration, reduction or refund based on missed days due to illness, absence or early withdrawal, suspension or dismissal. The camp season is a six (6) week program, no part of which shall be shared by the camper with any other person attending the Camp or seeking to attend the Camp, and the camper's enrollment in the Camp shall not be shared, split, assigned or transferred to or with any other person without the express prior written consent of the Camp, at the Camp's sole discretion, and which consent may be withheld or denied by the Camp for any reason or no reason.
- (3) Due to the seasonal nature of summer camping and the set limitation on spaces offered, no refund, reduction or allowance shall be provided for absences, illness, family matters, late starts, changes, withdrawals, or dismissals for cause.

**Camper's Name** \_\_\_\_\_

- (4) (A) The Camp reserves the right to deny participation to any activity, day trip, or overnight in which the Camp, in its sole discretion, deems the participation or presence of the camper would be dangerous or distracting to the camper, to other campers, or to staff members without providing any refund.
- (B) For the safety and general welfare of all campers, the Camp reserves the unrestricted right to dismiss the camper and terminate the enrollment of the camper if his or her conduct or influence, in the sole opinion of the Camp, is not in the best interests of the Camp or other campers without providing any refund.
- (C) For the benefit of the camper, the Camp should be made aware of any treatment for emotional, neurological, physical or psychiatric disorders and/or any restrictions of the camper's activities and the Parent agrees to give written notice to the Camp of any such conditions. If the camper presents a risk to himself/herself or others, the camper may be discharged at the sole discretion of the Camp.
- (D) Medical forms and Authorization for Medical Treatment must be submitted to the Camp prior to June 1, 2017. The camper will not be allowed to begin camp without up-to-date and complete medical forms and Authorization for Medical Treatment on file with the Camp.
- (E) If the Camp determines (as it shall have the sole right to do) that it cannot provide adequate supervision or facilities for campers with special needs, it reserves the right to terminate enrollment of such campers.
- (F) The Camp has the right to share medical information with all staff members whenever the Camp deems necessary.
- (5) The Parent, without compensation, hereby authorizes and permits photographs and/or video footage to be taken of the camper, and authorizes and permits the Camp to reproduce, use and publish such photographs and/or video footage in Camp brochures, Camp display material, advertising, and/or on the internet, including but not limited to the Camp's website and/or the Camp's Facebook page and/or You Tube, all of which are and shall remain the Camp's property. Since it is common for parents to request names and addresses of campers for car pool purposes, birthday parties, etc, the Parent consents to the Camp giving out this information, unless otherwise indicated in writing.
- (6) The Parent hereby permits the Camp to take the camper on bus trips and/or overnights (except for mini-day and campers enrolled in the no trip program), as part of the regular Camp program and for the camper to participate in all Camp activities and programs (including swimming) unless the Camp is notified in writing. New York No-Fault Law requires that you make claims against your own insurance company if any family member is injured in a vehicle while participating in a Camp Apollo program.
- (7) Due to the overwhelming number of requests for campers to be grouped with their friends, it is not possible to honor all requests. The Camp will therefore be able to guarantee only one request per camper. The Camp shall have the sole right to make final determinations as to bus assignments and grouping arrangements for all campers. The Camp shall also have the sole right to make final determinations of rooming assignments on overnights for all campers. The Camp will not consider or honor negative requests. In the Teens, all Yellow and Coach buses will have split grades on them and these splits will differ between the Yellow School buses and the Coach buses.
- (8) The Camp will not be responsible for loss of valuables or personal articles including, but not limited to, cash, jewelry, clothing, electronic devices and athletic equipment.
- (9) Trips, overnights and activities are subject to change due to weather and other unforeseen events. Programs will be adapted and/or modified as deemed necessary by the Camp.
- (10) The Camp shall have the right to terminate this Agreement in the event that the Parent has made any misrepresentation on the camper registration or medical form. The Camp will not make refunds if this occurs.

**Camper's Name** \_\_\_\_\_

- (11) The Parent executing this Agreement acknowledges and agrees that if the camp season is cancelled or shortened due to Acts of God (by way of example and without limitation: flood, hurricane, earthquake, tornado or other natural disaster), war, terrorism, strike, order of civility, epidemic illness or any other reason beyond the Camp's control or if the Camp determines not to open camp or to terminate the camp season before the scheduled closing date of the camp season, the Camp shall not be liable for any consequential or other damage of any kind or nature. The refund of tuition, if any, in whole, or in part, shall be in the sole discretion of the Camp.
- (12) Camp Apollo reserves the right to cancel or modify any camp program because of insufficient enrollment. The Camp may, at the Camp's sole discretion, attempt to accommodate registered campers in alternate programs operated by the Camp.
- (13) The Parent hereby permits the camper to self administer sunscreen.
- (14) This Agreement constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by the Parent and by an authorized representative of the Camp.
- (15) The Parent understands that the camping experience involves activities and situations that may come with certain risks and uncertainties beyond what the camper may be used to dealing with at home. The Parent acknowledges that he/she is aware of these risks, and agrees to assume them on behalf of the camper. The Parent understands that no environment is risk free, and the Parent acknowledges having instructed the camper on the importance of abiding by the Camp's rules.
- (16) Any lawsuit or dispute concerning, arising out of or relating to this agreement shall be brought in the courts of New York State located in Nassau County, State of New York.
- (17) The Parent who signs this agreement represents that he/she has full authority to do so and will be responsible for payment of all camp fees.

I have read the above Agreement and understand its terms and consent and agree to the same.

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name of Parent

**CAMP APOLLO  
MEDICAL AUTHORIZATION**

NAME OF CHILD: \_\_\_\_\_

In the event I, \_\_\_\_\_, cannot be reached in a situation, which Camp Apollo, in its sole discretion, deems to be an emergency, I hereby give permission for my above named child camper ("child") to be treated by a medical doctor and/or at a hospital; and for the administration of anesthesia, medications and diagnostic or therapeutic surgical procedures and preparations, which may be necessary.

I hereby authorize any physician, nurse, hospital or other health provider, to communicate with any Camp Apollo nurse, emergency medical technician, Teen Director, Building Director and/or Director, or their respective designee or designees, (collectively referred to as the "Camp Apollo Staff" or singularly referred to as a "Camp Apollo Staff Member") about my child's medical condition, diagnosis, treatment and/or prognosis.

I further authorize Camp Apollo's nurse and/or emergency medical technician to discuss any medical condition, diagnosis, treatment and/or prognosis concerning my child with any member of the Camp Apollo Staff, when such nurse and/or emergency medical technician, in his or her sole discretion, believes such communication to be in the best interests of the Camp and/or my child.

These authorizations are limited to the period from July 2, 2018 through August 10, 2018.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Relationship to child

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 201\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Signature of notary public taking acknowledgment