



# AMERICA'S CAMP

c/o CampGroup  
3 New King Street  
White Plains, NY 10604  
Tel: (800) 548-6295 / Fax: (866) 584-1226

**Camp Address**  
Route 143  
Hinsdale, MA 01235  
americascamp.org

## 2010 ENROLLMENT APPLICATION

Camper \_\_\_\_\_ Likes to be called \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade in **September, 2010** \_\_\_\_\_  M  F

2010 will be this camper's \_\_\_\_\_ year at America's Camp. (ex: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> etc.)

Shirt/Sweatshirt Size:  Youth Small  Youth Medium  Youth Large  Youth Extra Large

Adult Small  Adult Medium  Adult Large  Adult Extra Large

Short/Sweatpant Size:  Youth Small  Youth Medium  Youth Large  Youth Extra Large

Adult Small  Adult Medium  Adult Large  Adult Extra Large

Parent/Legal Guardian (1): Mr. Ms. Mrs. \_\_\_\_\_

Parent/Legal Guardian (2): Mr. Ms. Mrs. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Bus./Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent Lost \_\_\_\_\_ Employer \_\_\_\_\_

**First Year Families:** How did you hear about America's Camp? \_\_\_\_\_

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### **CAMP DATES: Tuesday, August 17<sup>th</sup> – Tuesday, August 24<sup>th</sup>**

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#### **TERMS AND CONDITIONS**

- Rules and Regulations:** The camper ("Camper") and parent ("Parent") agree to abide by all of the rules and regulations established by America's Camp ("Camp").
- Medical Care:** Parent grants permission to the Camp physician to provide medical care to Camper. Parent grants Camp permission to utilize medical treatment (including dental and orthodonture) outside of Camp should the Camp Director(s) ("Director") deem such treatment necessary for Camper's well being. Parent authorizes the Camp to seek reimbursement for medical and prescription drug costs from Parent's medical insurance, if any.
- Camper Medical Information:** Parent agrees to inform the Director prior to the start of the Camp session if Camper has received professional counseling or medication for behavioral modification during the last 12 months.
- Permission to Participate:** Parent grants Camper permission to participate in all Camp programs and activities, excursions, and special outings.
- Images, etc:** Parent grants Camp permission to use photographic, video, and audio images or likenesses of Camper originating from Camp or from a Camp-related activity; video will be used as keepsake for children and Camp; no such images or likenesses will be used for profit or commercial gain.

**I have read and agree to all of the terms and conditions on this Enrollment Application.**

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