

c/o CampGroup 3 New King Street White Plains, NY 10604

Camp Address Route 143 Hinsdale, MA 01235 americascamp.org

Tel: (800) 548-6295 / Fax: (866) 584-1226

CAMP 2011 ENROLLMENT APPLICATION

Please complete one for	m for each cam _l	oer you plan to se	nd to camp:	
Camper Name	Likes to be called			
Date of Birth/ Grade		n September, 2011		□M □F
2011 will be this camper's	year	at America's Camp	. (ex: 2 nd , 3 rd , 10 th	n etc.)
Shirt/Sweatshirt Size:	□Youth Small □Adult Small	□Youth Medium □Adult Medium	□Youth Large □Adult Large	□Youth Extra Large □Adult Extra Large
Short/Sweatpant Size:	□Youth Small □Adult Small	□Youth Medium □Adult Medium	□Youth Large □Adult Large	□Youth Extra Large □Adult Extra Large
Parent/Legal Guardian (1)	: Mr. Ms. Mrs			
Parent/Legal Guardian (2)	: Mr. Ms. Mrs			
Home Address		City	StateZip	
Home Phone ()	Bu	Bus./Cell Phone ()Email		
CAMP DATE	S: Tuesday	, August 16 th	– Tuesday, A	ugust 23 rd
 Rules and Regulations: The established by America's Can 	camper ("Camper") a	MS AND CONDITION nd parent ("Parent") ag		the rules and regulations
2. Medical Care: Parent grants permission to utilize medical ("Director") deem such treatm for medical and prescription of	treatment (including nent necessary for Ca	dental and orthodontia amper's well being. Pare	a) outside of Camp sl ent authorizes the Ca	nould the Camp Director(s)

- 3. **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.
- 4. **Permission to Participate:** Parent grants Camper permission to participate in all Camp programs and activities, excursions, and special outings.
- 5. **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	l conditions on this Enrollment Application.
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Parent or Guardian Signature	Date
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