

2019 New Camper Enrollment Form

(Please complete both sides and sign the bottom of this page)



I wish to enroll _____ subject to the conditions below.
Home Address _____ First _____ Last _____ Home Phone _____

City _____ State _____ ZIP _____ Country & Postal Code _____
[] First 3 wks **SUNDAY** June 23 - July 14* \$6,350 [] First 6 weeks **SUNDAY** June 23 - Aug 4* \$11,900
[] Second 3 wks **MONDAY** July 15 - Aug 4* \$6,350 [] Second 6 weeks **MONDAY** July 15 - Aug 25 \$11,900
[] Third 3 wks **MONDAY** Aug 5 - Aug 25 \$6,350

*CAMPER'S FLYING IN FOR THESE SESSIONS ARRIVE ON DAY 1 BUT DEPART A DAY AFTER THE SESSION ENDS IF WE ARE PROVIDING ALBANY, NY AIRPORT SERVICE.

My child's admission to Long Lake Camp is subject to the following conditions: This fee fully includes the Camp registration, all programs of instruction (except horseback riding), all private lessons, room and board, supervision, all craft materials, laundry service, gratuities, trips out of Camp, spending money and canteen. The tuition does not include horseback riding, optional medical insurance, transportation to and from Camp, airport pick-up, musical instruments (except pianos and drums), and bed linens. In consideration of the camper's enrollment and the payment of the appropriate fees, Long Lake Camp, Inc. (the "Camp") agrees to reserve a place and to hire instructors, counselors and staff. The Camp's planning, hiring, promotion and expenses are directly determined by the number of enrollments during the Winter and Spring. The seasonal nature of summer camping precludes any tuition refund or reduction. Additionally, there shall be no partial refund granted for any camper's late arrival, early withdrawal, non-arrival or dismissal for cause.

If it is necessary to obtain medical, surgical, or dental services for the camper off of the Camp site, such expenses shall be paid by the parent except that portion covered by the optional Camp medical policy. Authority is granted without limitation to the Camp or its assigns in all medically necessary matters including, but not limited to, hospitalization, treatment, injections, anesthesia and surgery for the camper. The Camp will attempt to contact parents during a medical emergency using the contact information provided by the parents. The parent is responsible for all pre-existing medical conditions, out of Camp medical, surgical, hospital and pharmaceutical expenses. PARENTS are responsible for providing any and all adequate quantities of prescription and non prescription medications for pre-existing conditions to the Camp in original pharmacy containers with clear written instructions from the prescribing physician. **NY STATE requires parents to furnish Long Lake Camp a fully completed and signed official 2019 Long Lake Camp Dr's Standing Order Form and a 2019 Long Lake Camp Health History Form per camper. This is for your child's safety and care. Failure to do so shall prohibit your camper from joining Long Lake Camp with no refund of any fees or expenses paid to the Camp.**

Long Lake Camp is hereby appointed *Loco-Parentis*. Campers may use jewelry saws, parallel bars, wood shop tools and other hazardous equipment under supervision of Camp personnel, may participate in any activity including, but not limited to, horseback riding, swimming, water-skiing, wakeboarding, tubing, four wheel ATV'S, climbing wall, camping, paintball, high ropes, sea plane rides, white water rafting and the circus organized by the Camp staff on or off the Camp grounds. Campers may participate on any out of Camp trip and may travel, when deemed necessary by the Camp, via public carrier. Long Lake Camp is not responsible for damage or loss of any camper's personal items including, but not limited to, any electronics, musical instruments, clothing, jewelry, cash or personal equipment used during the camper's stay. Long Lake Camp specifically advises the camper not to bring jewelry, cash, cell phones, smart phones or any valuables to Camp.

The camper and his or her parents agree to abide by the Camp rules and regulations for the health, safety and welfare of the campers and the Camp community. Self-harming, smoking, possession of or use of tobacco, narcotics, alcohol or other intoxicant non-prescription drugs on or off the Camp grounds is expressly forbidden. Campers may not leave Camp grounds without the permission of the Camp director(s). Violation of these rules or other reasonable regulations will result in dismissal from the Camp at our sole discretion without any refund of tuition or expenses paid to the Camp. The Camp reserves the unrestricted right to dismiss any camper whose conduct is unsatisfactory or inimical to the Camp's best interest without any tuition refund. Tuition and fees paid are agreed to be the fair and reasonable sum as and for liquidated damages. Parents agree to furnish the Camp with a written itinerary of any summer travel by parents while their camper is at Camp and to inform Camp in writing if changes occur. Parents must give the Camp a detailed account of all medical and behavioral issues before signing this contract. Failure to do so shall lead to instant dismissal or refusal of entrance with no refund of any fees or expenses paid. LLC, campers and parents will abide by the ADA and NYSHRL laws.

Enclosed with agreement is \$1,000. For all enrollments received before December 31, 2018: if cancellation is requested in writing before February 1, 2019, tuition payments will be refunded in full on July 1, 2019. For all enrollments received after December 31, 2018: if cancellation is requested in writing before February 1, 2019, tuition payments will be refunded less \$500 registration fee on July 1, 2019.

Any outstanding balance due must be paid before the child may be admitted to Camp. Campers who sign up for six weeks and reduce their stay to three weeks after April 1, 2019 will receive no refund of unused tuition and may be cancelled for the entire season with a refund less registration fee of \$500. In the event any disputes arise out of this agreement or otherwise, the parties to this agreement consent to the jurisdiction of local, state and federal courts for or in the County of Hamilton in New York State.

The Long Lake Camp program may include public performances, and permission is hereby given for the camper to take part in such performances on or off Camp grounds without compensation. Long Lake Camp may use photographs, statements, articles, names, music, art, films and videos of Camper or created by Camper and/or parents in promoting Camp or Camp related activities. Use of such materials may include, but is not limited to, publications, advertising and exhibitions.

The parent represents that he/she has full authority to enroll child in the Camp, to authorize participation in activities, to grant authority for medical care and to contract as foresaid. This agreement constitutes the full understanding of the parties and cannot be modified except in writing and signed by the parties. I understand that signing below in the box, (by hand or electronically), constitutes a legal signature confirming that I acknowledge and agree with the above terms of acceptance.

Schedule of payments: \$1,000 with enrollment, \$500 due on the 1st of each month with the full balance paid in full by March 1st, 2019.

PARENT / GUARDIAN

DATE

LONG LAKE CAMP INC. LONG LAKE NY 12847

PLEASE COMPLETE BOTH SIDES AND SIGN/DATE THIS PAGE - THANK YOU.

Winter Office: 199 Washington Ave., Dobbs Ferry, NY 10522

8/30/18 – 6/15/19 Tel (914) 693-7111 Fax (914) 693-7684

Summer Address: P.O. Box 248, Long Lake, NY 12847

6/16/19 – 8/29/19 Tel (518) 624-4831 Fax (518) 624-6003

Camper Name _____
First Last

Birth Date ____/____/____ Grade (in September 2019) _____ Gender _____
Month Day Year

How did you hear about Long Lake? _____
(If found online, what search phrase was used)

Camper info for camp yearbook _____
Camper Desired Phone # _____

Parent/Guardian #1 First & Last Name _____ Relationship _____

Cell# _____ Email _____

Wk# _____ Employer _____

Home address if different from camper's _____ City State Zip Country

Check if ABOVE person should be sent: ___ invoices ___ info. & forms
Save our trees!
Check here to receive by email only _____

Parent/Guardian #2 First & Last Name _____ Relationship _____

Cell# _____ Email _____

Wk# _____ Employer _____

Home address if different from camper's _____ City State Zip Country

Check if ABOVE person should be sent: ___ invoices ___ info. & forms
Save our trees!
Check here to receive by email only _____

Who has legal custody? Parent 1 [] Parent 2 [] Joint [] Other [] _____
Who does child live with? Parent 1 [] Parent 2 [] Both [] Other [] _____

Health insurance co. _____ Policy #: _____

Current school/school you will attend next fall _____ / _____

What theater show would you like us to consider this session? _____

Camp(s) you attended (list years) _____

Will Your Child Bring Medications to camp? Which ones? _____

Please help us understand how we may best help your child this summer. If you answer yes please explain below.

Dietary Concerns Y N Medical Concerns Y N Social Concerns Y N
Activity Restrictions Y N Allergies Y N

Details _____



2019 Credit Card Processing Form

If you wish to pay us using your credit card please complete this form to give us permission to charge your Visa, MasterCard, Discover or American Express account for the amount you indicate. You are also welcome to pay us using a check payable to "Long Lake Camp" and mailed to our Dobbs Ferry address below.

Name on credit card	
Credit Card number	
Expiration date (mm/yy)	
3- or 4-digit security code (the CVV)	
Amount authorized*	\$
Billing address (if different from address on Enrollment Form)	

* Please note that a 2.5% convenience fee will automatically be added to the amount you authorize.

Name(s) of Camper(s): _____

How much to charge for each if more than one camper: _____

This is a one-time payment; we shred your information after processing for your security. If you wish to arrange recurring, automatic payments: *before* you send this form to us, please call Cindy at 914-693-7111. To authorize us to **keep** your card on file, initial here: _____

- I certify that I am the authorized holder and signer of the credit card referenced above.
- I certify that all information above is complete and accurate.
- I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field plus a 2.5% convenience fee. I understand this is only for up to this amount AS A ONE-TIME ONLY PAYMENT. If additional charges are going to be authorized, a new form must be completed unless you authorize us to keep your card on file and arrange additional charges with Cindy.

Cardholder signature: _____ Date: _____

Please email this completed form to: cindy@longlakecamp.com.

If you prefer to fax it to us, please call us at 914-693-7111 for the correct fax number.

<small>Office use only</small>	<small>Arts or Adventures:</small>	<small>Date processed:</small>	<small>Notes if declined:</small>
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September to mid-June 199 Washington Avenue, Dobbs Ferry, NY 10522 **PHONE: 914-693-7111**
mid-June to end of August P.O. Box 248, Long Lake, NY 12847 **PHONE: 518-624-4831**