



Parents' Names LAST FATHER MOTHER

Address CITY STATE ZIP

Home Phone E-mail Address

Mother's Cell Phone Father's Cell Phone

Mother's Work Phone Father's Work Phone

Applicant No. 1 Name
 Birthdate ___/___/___ Boy Girl
 Age as of Sept. 1, 2009 _____ Grade Entering Sept. 2009 _____
 School

Applicant No. 2 Name
 Birthdate ___/___/___ Boy Girl
 Age as of Sept. 1, 2009 _____ Grade Entering Sept. 2009 _____
 School

Emergency Contact NAME TELEPHONE CELL PHONE

Physician NAME TELEPHONE

Roommate Preference: (Night) (Day)

How did you learn of Kampus Kampers? Alumni? PLEASE LIST YEARS ATTENDED

KAMPUS KAMPERS SESSION(S)

\$2,070 FEE PER SESSION

DAY PROGRAMS	AGE	SESSION 1 6/8-6/26	SESSION 2 6/29-7/17	SESSION 3 7/20-8/7
JURASSICAMP (add supply fee of \$25)	6-8 years	N/A	N/A	<input type="checkbox"/>
COMPUTER CAMP	6-9 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVE ART CAMP	6-9 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STARKIDZ (add supply fee of \$25)	6-9 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRADITIONAL DAY	6-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAGICAMP (add supply fee of \$25)	6-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE AND ROCKET CAMP (add supply fee of \$25)	6-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUSIC CAMP	6-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMAZING SCIENCE CAMP (add supply fee of \$25)	7-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCUS CAMP	8-13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPER SPORTS CAMP	8-13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISCOVERY CAMP	10-13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULTIMEDIA CAMP	10- 13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.I.T.	13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A registration fee of \$200 is required of each applicant per session. **This fee is nonrefundable/nontransferable. No exceptions!**
 To enroll an applicant in a specific program, simply fill in applicant number (1 or 2) next to the program box you are checking.
Remember to sign the FOUR statements found on the back of this page.

Please turn over

KAMPUS KAMPER 2009 Terms of Enrollment

TERMS OF ENROLLMENT

- A **nonrefundable, nontransferable** registration fee of \$200 per applicant, per session, is required with each application.
- **Sessions may not be split.**
- **Sibling discount of \$25** per session will be applied to final payment.
- **All registration cancellations must be in writing.**

CAMP FEE DEADLINES

SESSION I _____ May 13

SESSION II _____ June 10

SESSION III _____ July 1

If complete payment is not received by the above date(s), we will NOT continue to reserve a place in the session(s) you indicated. **A fee of \$29.00 will be charged for a check returned for any reason. Returned checks are not redeposited.** Visa, Mastercard, American Express, and Discover are accepted. For your convenience, payment can be made by mail.

ARRIVALS AND DEPARTURES

LATE ARRIVALS & EARLY DEPARTURES

Parents may drop children off between 8:00 - 8:30 AM on Monday. Late arrivals should be brought to the camp office to sign in. Parents who wish to pick up their child/children early must provide the child/children's counselor with a written note indicating the day and time of pick-up. Pickup time will be 3:30 PM on Friday.

SWITCHING OF SESSION OR CAMPS

No switching of camps can be made unless a Camp Change Application is completed at the office. There will be a \$50.00 fee for change of Day Camp Program. Camp changes are not permitted after the first week of each session.

FIELD TRIP STATEMENT (SIGNATURE REQUIRED)

I hereby grant permission for my child/children to attend any field trips on/off the camp grounds during the course of the program. I understand this permission form is a general one that applies to all field trips throughout the program.

Parent or Guardian Signature

Date

PARENT'S STATEMENT (SIGNATURE REQUIRED)

I understand that because of the nature of some activities within the Camp Program there is a potential for accidental injury. I do recognize these risks and agree to allow my child/children to participate in Camp activities. I agree to assume these risks and release and hold Pine Tree Camps and Lynn University, Inc., and its officers, trustees, employees and agents harmless from, and waive any claim against, the Camp and Lynn University, as to any injury which may occur to my child/children, regardless of the cause, while attending Pine Tree Camps.

I understand that I am financially responsible for all medical treatment and services rendered to my child/children. Also, in the event my child/children sustains any injuries while in the Camp Program, I hereby give permission to any person employed by the Camp/University to seek whatever medical assistance he/she deems appropriate. I agree to hold the above employee(s) and the Camp/University harmless from any action in this respect.

Pine Tree Camps and Lynn University, are hereby granted permission to use any individual or group photographs taken at Camp showing my child/children in Camp activities for publicity and brochure purposes.

Parent or Guardian Signature

Date

REFUND STATEMENT (SIGNATURE REQUIRED)

I understand that Pine Tree Camps has a no refund policy on Camp fees, upon the start of the registered session, and that days missed during a camp week cannot be made up at any time. Accordingly, I understand I will not be issued a refund if my child/children is/are dismissed due to disciplinary action based on his/her behavior or misconduct. I also understand I will not be issued a refund, and there will be no makeup days in the event the operation of Pine Tree Camps is suspended at any time as a result of any act of God, strike, riot, disruption, or for any reason beyond the control of Pine Tree Camps, or in the event that the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area.

Parent or Guardian Signature

Date

I HAVE READ AND UNDERSTAND THE TERMS OF ENROLLMENT. (APPLICATION NOT ACCEPTABLE WITHOUT PARENT/GUARDIAN SIGNATURE.) No faxed applications accepted.

Parent or Guardian Signature

Date

PAYMENT Please indicate payment amount and method:

METHOD Check or money order enclosed.

To pay by credit card, go to www.lynn.edu/pinetreepayment