

4-H CAMP APPLICATION

CAMPER'S

LAST NAME

FIRST NAME

RETURN TO:

DPF Nassau County 4-H Camp Office
Cornell Cooperative Extension of Nassau County
40 Main Street, Lower Level
Hempstead, NY 11550

How did you hear about our camp? (check only one)

- Returning camper Web
 Friend Other _____

CAMPER INFORMATION

PLEASE PRINT OR TYPE

Name _____ Male Female Grade in fall _____ Birth date _____ Age _____

Address _____ Town _____ Zip _____ County of residence _____

I have attended the 4-H Camp for _____ summer(s) before this year.

Did you attend last year? Yes No

Are you a 4-H club member? Yes No Club name _____

Check if parent is on camp staff

CHECK T-SHIRT SIZE:

Youth S M L

Adult S M L XL

PARENT/GUARDIAN CONTACT INFORMATION

PLEASE PRINT OR TYPE

FATHER'S NAME _____

MOTHER'S NAME _____

Home phone # () _____

Home phone # () _____

Business phone # () _____

Business phone # () _____

Cell phone # () _____

Cell phone # () _____

Email _____

Email _____

EMERGENCY CONTACT

PLEASE PRINT OR TYPE

Name _____ Phone # () _____

Relationship to camper _____ Cell phone # () _____

PLEASE CIRCLE THE APPLICATION FEES FOR THE SESSION(S) FOR WHICH YOU ARE ENROLLING.

Write total amount for each session in the last column. Use separate registration form for each child.

BEFORE APRIL 1, 2009	Nassau Resident	Non Resident	Weekend Stayovers	Horse	Ropes	Bus Round Trip	Bus One Way TO FROM	Total
Session 1 June 29–July 6	\$485	\$525	stayover incl.	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 2 July 6–July 11	\$485	\$525	\$160 7/11-12	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 3 July 13–July 18	\$485	\$525	\$160 7/18-19	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 4 July 20–July 25	\$485	\$525	no stayover	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 5 July 27–August 1	\$485	\$525	\$160 8/1-2	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 6 August 3–August 8	\$485	\$525	\$160 8/8-9	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 7 August 10–August 15	\$485	\$525	\$160 8/15-16	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 8 August 17–August 22	\$485	\$525	no stayover	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	

DEPOSIT OF \$200 for each session must be made with registration

TOTAL

AFTER APRIL 1, 2009	Nassau Resident	Non Resident	Weekend Stayovers	Horse	Ropes	Bus Round Trip	Bus One Way TO FROM	Total
Session 1 June 29–July 6	\$535	\$580	stayover incl.	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 2 July 6–July 11	\$535	\$580	\$160 7/11-12	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 3 July 13–July 18	\$535	\$580	\$160 7/18-19	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 4 July 20–July 25	\$535	\$580	no stayover	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 5 July 27–August 1	\$535	\$580	\$160 8/1-2	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 6 August 3–August 8	\$535	\$580	\$160 8/8-9	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 7 August 10–August 15	\$535	\$580	\$160 8/15-16	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	
Session 8 August 17–August 22	\$535	\$580	no stayover	\$170	\$125	\$60	\$45 <input type="checkbox"/> <input type="checkbox"/>	

DEPOSIT OF \$200 for each session must be made with registration

TOTAL

Camper's last name _____

First name _____

Bunk with: *A maximum of two friends can be listed. We will do our best to accommodate depending on grade levels and age, and the number of bunks available in each cabin.*

Bunk mate 1. _____

Bunk mate 2. _____

ALL SPECIAL PROGRAM FEES ARE DUE WITH REGISTRATION

PARENT/GUARDIAN SIGNATURE REQUIRED

- ✓ I give permission for a doctor, nurse or camp designee to treat my child in the event of an emergency. My child suffers from no uncontrolled chronic illnesses. I understand that my own medical insurance policy will be applied to any medical/hospital costs incurred.
- ✓ I have read the camp brochure and will comply with all regulations, policies and procedures stated therein.
- ✓ I give permission for my child to participate in general camp programs as described in this brochure.
- ✓ I give permission to the DPF Nassau County 4-H Camp to use photographs taken of my child at camp.
- ✓ I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the following activities, and my child's participation and use of any equipment related may result in injury, illness or death and damage to personal property. I understand other participants, accident, forces of nature or other causes may cause these risks and dangers, and I hereby accept these risks and dangers.

#1 _____

PLEASE SIGN HERE - REQUIRED

PLEASE SIGN EACH LINE THAT APPLIES...

I give permission for my child to participate in the HORSE PROGRAM _____

Child's height _____ weight _____ Level of experience: Beginner Intermediate Novice

I give permission for my child to participate in the ADVENTURE CHALLENGE COURSE PROGRAM _____

LIFEGUARD TRAINING SIGN UP MUST BE AT CAMP FOR 2 SESSIONS AND WILL TAKE 2 ACTIVITY PERIODS PER DAY.

PARENT/GUARDIAN SIGNATURE

You MUST sign #2 in order for your child to participate in trips or programs when they sign up at camp.

- ✓ I give permission for my child to participate in off-site excursions to nearby Long Island points of interest when they are relevant to camp programs (e.g. fishing, marine center, field trips, kayak).

#2 _____

PLEASE SIGN HERE

FEES AND PAYMENT:

- * Deposit due with registration. Balance must be paid by May 15, 2009.
- * Discounts only apply to applications received in our office with appropriate deposits/payments, and postmarked before April 1, 2009.
- * There is a onetime \$100 fee for any cancellation received in writing before June 1, 2009. For any refund after June 1, written cancellation must be received at least 2 weeks prior to the start of the scheduled session. A \$200 fee is non-refundable for each session.

FOR CHARGES CHECK ONE: Visa MasterCard

Acct. # _____

Expiration date _____

Amount to be charged _____

Cardholder signature _____

FOR OFFICE USE ONLY

**2009
REVISED**

Account # _____

Date received _____

Last name _____

First name _____

Sex _____ Grade _____ Age _____

1 2 2E 3 3E 4 5 5E 6 6E 7 7E 8

Bus to Bus from

REGISTRATION PAYMENT

Camp fee due: \$ _____

Weekend Stayovers \$160/session \$ _____

Horse Program \$170/session \$ _____

High Adventure Challenge \$125/session \$ _____

Bus fee – Round Trip \$60 \$ _____

Bus fee – One Way \$45 \$ _____

TOTAL \$ _____

DEPOSIT SENT \$ _____

BALANCE \$ _____

TOTAL ENCLOSED \$ _____

Date _____ Payment: \$ _____ Ch.#/Visa/MC _____ Balance \$ _____

Date _____ Payment: \$ _____ Ch.#/Visa/MC _____ Balance \$ _____

Date _____ Payment: \$ _____ Ch.#/Visa/MC _____ Balance \$ _____