

LAKE BRYN MAWR CAMP

2009 EXPLORER ENROLLMENT AGREEMENT

CAMPER INFORMATION

Camper's Name (first, last) _____
Birthdate _____ School _____ Current Grade _____
Home Address _____
City, State, Zip _____

PARENT INFORMATION

Father's Name

Home Address _____
City, State, Zip _____
Occupation/Business _____
Home Telephone _____
Business Telephone _____
Cell Phone _____
Email _____

Mother's Name

Home Address _____
City, State, Zip _____
Occupation/Business _____
Home Telephone _____
Business Telephone _____
Cell Phone _____
Email _____

MEDICAL/INSURANCE INFORMATION

Emergency Contact _____ Phone _____
Name of Medical Insurance Provider _____
Address _____
Insured Family Member _____ Plan/Group # _____

TRANSPORTATION

Round Trip Long Island NJ Westchester PA

One Way To Camp From Camp
 Long Island NJ Westchester PA

I will drive my daughter to/from Camp

OFFICE USE ONLY			
PAYMENT	DATE	AMOUNT	CODE

BRYN MAWR CAMP

Winter
P.O. Box 612
Short Hills, NJ 07078
Tel. 973.467.3518
Fax. 973.467.3750

Summer

593 Bryn Mawr Rd.
Honesdale, PA 18431
Tel. 570.253.2488
Fax. 570.253.1342

jane@campbrynmawr.com
dan@campbrynmawr.com

www.campbrynmawr.com

EXPLORERS WEEKEND DATES

Friday, July 24 thru Sunday, July 26

2009 TUITION

\$450 Per Camper

*Includes 2 camp t-shirts
and a camper photo*

Please Note: Explorer tuition will be credited for all campers who enroll for the 2010 camping season.

PAYMENT

Please make your check payable to:

Bryn Mawr Camp, Inc.
P.O. Box 612
Short Hills, NJ 07078

Bryn Mawr Camp also accepts VISA or MasterCard.

Please charge my camper's Explorer tuition fee to:

VISA MasterCard Amex

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

Billing Zip Code: _____

Signature: _____

Date: _____

IMPORTANT: Read and sign the reverse side of this form.

Please return this agreement with tuition fee to secure enrollment.



2009

EXPLORER

ENROLLMENT AGREEMENT

TERMS AND CONDITIONS

1. Your child must be examined by your physician and all pertinent information must be submitted to the camp office on or attached to our medical form prior to her arrival at camp.
2. In the event that a parent or guardian cannot be contacted, the directors reserve the right to have the camper hospitalized or to use outside medical or dental aid. All such expenses are the responsibility of the parent or guardian.
3. The camper, her parents and relatives agree to abide by the rules and regulations set by the Camp for the health, safety and welfare of the campers. The Camp reserves the right to dismiss a camper or family whose conduct and/or influence is detrimental to the health, safety or general operating procedures of the camp.
4. No gratuities or gifts are permitted for any staff member prior to, during or after the summer.
5. I give Bryn Mawr Camp permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.
6. I give my daughter permission to participate in the adventure challenge / ropes program at Bryn Mawr Camp Inc.
7. The camp is not responsible for articles of clothing or personal belongings lost or damaged by fire, theft, laundry, etc. We are not responsible for electronic devices, iPods, expensive jewelry, excess clothing or communications from employees past or present to children or parents online, via email or through internet sites.
8. No cell phones or other electronic communication equipment permitted on camp property.
9. I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am also aware that I am aware that my child may participate in off-campus activities that involve additional risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.
10. This contract shall be governed by the laws of the Commonwealth of Pennsylvania and any action brought to enforce any rights with this contract shall commence in the courts of Wayne County, Pennsylvania, which the parties agree shall have sole justification.

I have read and agree to the terms listed above.

Signature _____

Date _____

Please complete and sign below.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, x-ray, or surgery for my child listed below.

Signature _____

Date _____

Name of Child _____