

LAKE BRYN MAWR CAMP

2010 LIT 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 _____

SIBLING INFORMATION

Name _____ Birthdate _____

Name _____ Birthdate _____

OFFICE USE ONLY			
PAYMENT	DATE	AMOUNT	CODE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

BRYN MAWR CAMP

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

jane@campbrynmawr.com
dan@campbrynmawr.com

www.campbrynmawr.com

IMPORTANT DATES

LIT Orientation: TBD
Opening Date: Saturday, June 26
Visiting Day: Saturday, July 17
Closing Date: Friday, August 13

2010 TUITION: \$6,000

Payment Schedule:
\$2,000 Deposit per camper
Due with application

\$2,000 Payment per camper
Due by February 15, 2010

Balance of Camp Fee must be paid in full prior to April 1, 2010

SUPPLEMENTALS

Spending Allowance included.
(Covers all day trips, admissions, sundries, toiletries, candies, ice cream, movies, etc.)

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, MC & AMEX

Please charge the deposit and all other further payments according to the above schedule to:

VISA MasterCard AMEX

Cardholder's Name: _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Billing Address: _____

Billing Zip Code: _____

Signature: _____

Date: _____

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

Please return this agreement with deposit to secure enrollment.



2010 LIT 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. 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 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.
5. There is no refund for late arrival or early departure from camp except for the following:
 - a) If a camper withdraws or is sent home from the camp due to a serious illness or physical injury to herself, there will be a pro-rated refund for the days not spent at camp provided the condition developed at camp, there was no previous history of the illness or injury, and the director and camp physician agree that it is in the child's best interest that the child leave camp.
 - b) If a camper is unable to adjust to the camp and the directors suggest that the child be taken home, 50% of the pro-rated refund for the days not in camp will be granted, with a total refund not to exceed \$2000.
6. If a parent decides to remove their daughter from camp against the director's advice, there will be no refund for early departure from camp.
7. No gratuities or gifts are permitted for any staff member prior to, during or after the summer.
8. 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.
9. No cell phones or other electronic communication equipment permitted on camp property.
10. I give Bryn Mawr Camp permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.
11. I give my daughter permission to participate in the adventure challenge / ropes program at Bryn Mawr Camp Inc.
12. 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.

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(ren) listed above.

Signature

Date