

# LAKE BRYN MAWR CAMP

## 2008 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](http://www.campbrynmawr.com)

**EXPLORERS WEEKEND DATES**  
Friday, July 25 thru Sunday, July 27

**2008 TUITION**  
**\$450 Per Camper**  
*includes 2 camp t-shirts*

### 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

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

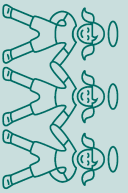
Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Please return this agreement with tuition fee to secure enrollment.



# 2008

# 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. 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** \_\_\_\_\_