

# Woodmont Summer Camp 2009

Correspondence: P.O. BOX 289 Wantagh NY 11793 (516) 409-4414

## TEEN PROGRAM Registration Form

**STAFF:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Mother's Last/First \_\_\_\_\_ / \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Beeper: \_\_\_\_\_

Father's Last/First \_\_\_\_\_ / \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Beeper: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street Town State Zip

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
3rd Party

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent email Address \_\_\_\_\_

How did you first hear about us?  Friend  Internet  Postcard  Parent Guide  Kids Directory  Pennysaver  PAL  \_\_\_\_\_

Last \_\_\_\_\_ / First \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age / Sex \_\_\_\_\_ Grade Enter in Fall of 09 \_\_\_\_\_  
 Camp Attended Last \_\_\_\_\_  
 Allergies, Medications, Special Needs: \_\_\_\_\_

**SHIRT SIZE**  
 (Adult)  
 Small  
 Medium  
 Large  
 X-Large  
 XX-Large

Week 1 (6/29-7/3):	COUNSELOR IN TRAINING (CIT) PROGRAM ALL WEEK
<b>Session One</b>	<b>FOR EACH WEEK ATTENDING, CIRCLE EITHER A OR B TRIP GROUP</b>
Week 2 (7/6-7/10):	A: Adventureland and Bowling      B: Splish Splash and Roller Skating
Week 3 (7/13-7/17):	A: Camelback Mtn and Ice Skating      B: Lake Compounce and MiniGolf/Swim
Week 4 (7/20-7/24):	A: Dorney Park and Bronx Zoo      B: Great Adventure and Jones Beach
<b>Session Two</b>	<b>FOR EACH WEEK ATTENDING, CIRCLE EITHER A OR B TRIP GROUP</b>
Week 5 (7/27-7/31):	A: Adventureland and Bowling      B: Splish Splash and Roller Skating
Week 6 (8/3-8/7):	A: Camelback Mtn and Ice Skating      B: Lake Compounce and MiniGolf/Swim
Week 7 (8/10-8/14):	A: Dorney Park and Bronx Zoo      B: Great Adventure and Jones Beach
Week 8 (8/17-8/21):	COUNSELOR IN TRAINING (CIT) PROGRAM ALL WEEK
Week 9 (8/24-8/28):	COUNSELOR IN TRAINING (CIT) PROGRAM ALL WEEK

Weeks:	1	2	3	4	5	6	7	8	9	
Wednesday Field Trips:	25	25	35	35	35	25	35	25	25	\$ _____
____ SESSION ONE										\$ _____
____ SESSION TWO										(at \$1090/session)..... \$ _____
CIT ALL WEEK:	1	2	9							(at \$150/week)..... \$ _____
BUS // Pre and Post :	Drop off time ____:____ + Pick up time ____:____ = ____ hrs/day X ____ days X \$6.50 = ..... \$ _____									
Rain Day Insurance:	(\$35.00 for summer)..... \$ _____									
Registration Fee:	..... <b>\$ 25.00</b>									

**Child 1 Bus Fee Workspace:**  
 Rndtrp (\$19)X \_\_\_\_ Days = \$ \_\_\_\_\_  
 Onewy (\$13)X \_\_\_\_ Days = \$ \_\_\_\_\_  
 Total Bus Fee = \$ \_\_\_\_\_

Payment: Cash    Check #: \_\_\_\_\_      Total Due: \_\_\_\_\_  
 Deposit: \_\_\_\_\_  
 Balance \_\_\_\_\_

# WOODMONT SUMMER CAMP TERMS AND CONDITIONS

PLEASE READ CAREFULLY

## Refund Policy

There are NO REFUNDS OR MAKE-UPS for sickness or absence. There are NO REFUNDS for campers who are removed from camp due to misbehavior. There are NO REFUNDS for camper sessions not completed. In the event of a serious illness or injury, any and all compensation will be determined through the sole discretion of Woodmont Summer Camp upon receipt of a doctor's note.

## Sign Up

All registrations made on or before February 15th, 2009 require a 25% deposit at the time of sign-up. A 50% deposit is required From February 16th on. Deposits are refundable up to March 31st, 2009 (minus a nonrefundable \$25 registration fee.) All balances are due by May 1<sup>st</sup>, 2009. A camper's enrollment cannot be guaranteed for anyone not paid in full beyond this date. Standard LATE FEES will be added in 30 day increments for unpaid balances.

## Additions/Changes

Changes to an existing schedule are subject to a \$15 change fee. \$15 change fees are waived for earlybird registrants up to March 31st and are subject to change fees thereafter. Adding days and/or field trips can be done all summer providing there is space available.

## Field Trips

Campers must be signed up for field trips no later than Monday, 5pm of the week upon which the field trip takes place provided there is room. Field trips can close out due to limited bus space so it is not advisable to wait this long to sign up. Please note that those attending the SPLISH SPLASH field trip need to arrive at camp no later than 8:30am. Campers will return by 5:30pm from Splish Splash. In the event of late sign up on same day of any trip, a \$5 late fee will be added. Field trips are subject to limited time restraints. Field trips are subject to change based on weather conditions. There are NO REFUNDS for not attending a fieldtrip which was previously signed up for.

## Group Placement

Every effort is made to accommodate requests to place campers into the same group their friends have been placed in. If a child is signed up after a requested group is filled, placement into that group is not possible in which case you will be notified far in advance of camp start. TUITION IS NOT REFUNDABLE FOR UNACCOMMODATED PLACEMENT REQUESTS.

ALL SPECIAL REQUESTS TO BE CONSIDERED  
MUST BE SUBMITTED IN WRITING.

I have read, understand, and agree to the above rules and regulations of Woodmont Summer Camp.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## SWIM WAIVER

I ALLOW MY CHILD(REN) TO USE THE SWIMMING FACILITIES AT ANY OR ALL OF THE FOLLOWING WHERE APPLICABLE WHILE ATTENDING WOODMONT SUMMER CAMP: WANTAGH PARK, EISENHOWER PARK, BOOMERS, AND/OR SPLISH SPLASH.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OFF PREMISE WAIVER

IN THE EVENT WOODMONT SUMMER CAMP DEEMS IT NECESSARY, I GIVE PERMISSION FOR MY CHILD TO BE TAKEN OFF OF CAMP GROUNDS WHILE STAYING WITH HIS/HER GROUP AND COUNSELORS FOR ANY PORTION OF HIS/HER CAMP DAY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE BE ADVISED THAT THIS SPORTS PROGRAM CAN DEMAND STRENUOUS PHYSICAL ACTIVITY. WOODMONT SUMMER CAMP AND NASSAU COUNTY CANNOT BE HELD RESPONSIBLE FOR ANY ILLNESS OR INJURY INCURRED BY THE PARTICIPANT. THE PARENT/GUARDIAN HEREBY ACKNOWLEDGES AND ASSUMES THE RISK OF ILLNESS AND/OR INJURY AND AGREES TO HOLD HARMLESS WOODMONT SUMMER CAMP AND NASSAU COUNTY IN SUCH EVENT. IN CASE OF INJURY OR ACCIDENT AND THE PARENT/GUARDIAN CANNOT BE REACHED, THE PARENT/GUARDIAN WILL ALLOW WOODMONT SUMMER CAMP AND/OR NASSAU COUNTY THE RIGHT TO OBTAIN ANY MEDICAL ATTENTION THE PARTICIPANT MAY NEED FOR WHICH THE PARENT/GUARDIAN WILL BE FINANCIALLY RESPONSIBLE. THE PARENT/GUARDIAN WARRANTS THAT THE PARTICIPANT IS HEALTHY, IN GOOD PHYSICAL CONDITION AND IS ABLE TO UNDERTAKE THIS PROGRAM WITHOUT RESTRICTION. ANY PICTURES OR IMAGES TAKEN DURING CAMP SESSION ARE PROPERTY OF WOODMONT SPORTS AND MAY BE USED FOR PROMOTIONAL PURPOSES.

I have read, understand and agree to the terms and conditions of this registration and program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_