



CAMP WAH-NEE

128 Wah-nee Road, Torrington, CT 06790

Tel: 860-379-2273 Fax: 860-379-2249

www.wahnee.com

Email: wahnee1042@gmail.com

Winter Office:

61 Bogart Avenue, Port Washington, NY 11050

Tel: 516-883-1285 Fax: 516-883-9070

2018 WAH-NEE ENROLLMENT APPLICATION

Camper's Name: _____ M F Going Into Grade _____ Date of Birth: ____/____/____
(check one) **(as of Sept. 2018)**

Camper's Email: _____ Home Telephone: _____

Address: _____ Siblings: _____ age: _____
_____ age: _____

*** PLEASE TYPE OR PRINT CLEARLY; ACCURATE INFORMATION IS ESSENTIAL ***

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Work Tel: (____) _____ - _____ Work Tel: (____) _____ - _____

Cell #: (____) _____ - _____ Cell #: (____) _____ - _____

Mom's Email: _____ Dad's Email: _____

Status: Married Separated Divorced Single Parent

I would like to bunk with: _____

TUITION SCHEDULE

"In Season" Incentive Plan – 10,200*

(plus canteen fund of \$595)
\$3000 Due by July 22, 2017
\$2750 Due by November 1, 2017
\$2750 Due by February 1, 2018
\$2295 Due by April 1, 2018

2018 Tuition - \$10,795

(plus canteen fund of \$595)
\$3500 Due with application
\$2750 Due by November 1, 2017
\$2750 Due by February 1, 2018
\$2390 Due by April 1, 2018

***TIMELY PAYMENTS ARE ABSOLUTELY REQUIRED FOR IN SEASON PLAN
SIBLING DISCOUNTS 2018: TAKE \$200 OFF 2ND CHILD, TAKE ANOTHER \$500 OFF 3RD
(MAXIMUM DISCOUNT = \$700 – TO BE TAKEN OFF OF THE APRIL PAYMENT ONLY)
ALL DEPOSITS INCLUDE A NON-REFUNDABLE \$595 APPLICATION FEE**

Signature of Parent

NO TIPPING PERMITTED

(PAGE 1 OF 3 -- 2018 CONTRACT CONTINUES ON NEXT PAGE – IMPORTANT)

CONTRACT TERMS

The Camper and Parents agree to abide by the rules and regulations set forth by the Camp for the health, safety and welfare of all the children at the Camp. These rules are stated in our annual camper information packet, which you will receive in the Spring before camp begins. **In the event any camper is expelled for violating camp policy, there will be no refund forthcoming. No allowance will be made for late arrival or early departure of a camper for any reason, including injury or illness just before or during camp. All families must purchase a separate additional insurance plan in order to obtain any refund of tuition.**

We will provide you with a form on our website called the "Camper Behavior Expectations and Camp Policy Form," which clarifies what our policies are. This form must be read and signed by you, indicating your full understanding and agreement, and returned as required prior to summer 2018. Failure to sign and return this form will be construed by the Camp as signifying your full agreement with all terms and conditions therein.

If it is necessary, in the sole judgment of the Camp, to use outside medical, surgical, psychological, orthodontic, dental or any other form of aid for the Camper's health, all such expenses will be paid for by the Parent(s) and charged to their credit card whenever possible. The Camp is not responsible for any medical conditions (pre-existing or not). There are many risks inherent in your child's participation at Camp, including the risk of injury whether on a sports field, at an activity, in the bunks or anywhere else in or around Camp, or at an out-of-Camp activity, at any hour of any day or night while at Camp. Accident or injury can occur during or between regular activities, whether scheduled or not, supervised or unsupervised. Supervision is never 100%. There will be times when your child(ren) will not be watched directly by our Staff. Parents and families agree to assume and accept any and all such risk(s) of injury or accident. Camp terrain is uneven, there are hills, tree roots, paved and unpaved surfaces, holes, dips, stairs or steps that may vary or be imperfect. The Camp is not responsible for any medical expenses that may be incurred from your child's participation in Camp or when you visit Camp. This includes any deductibles or co-pays your family may be responsible for, whether you have health insurance or not. Such expenses are not included in Camp charges (tuition/canteen) & are not covered by Camp.

Parents, family members and their representatives agree that any/all disputes involving legal action against the Camp and/or its employees, owners, directors or representatives must be filed only in Litchfield County, CT.

Additional canteen and/or trips or travel expenses, as well as required Wah-Nee logo clothing and any baggage transportation arrangements are the sole responsibility of the Parent(s), and not included in tuition. Parent(s) assume full financial responsibility for any and all damage (on campus or off, to Camp property or to the property of others) assessed to their child(ren) as determined by the Camp, in its sole discretion. Camp is not responsible for articles of clothing, money or any personal belongings lost or damaged by fire, theft, use of our laundry service or otherwise. Parents hereby grant full permission for the camp to use their child's image or likeness in camp literature, as part of advertisements, brochures, on our web site, on camp video(s)/dvd's and/or in other such formats as the camp may choose, including those that may go out on the internet.

The parent(s) is responsible for any and all interest (2% per month on all overdue amounts), returned check fees (\$30 per check), any court costs, collection fees, and all legal expenses if the Camp incurs such costs &/or fees.

Refund of tuition is at the sole discretion of the camp and is not guaranteed at any time. Families that may wish a refund must purchase additional tuition insurance (similar to trip insurance). One such program is available on our web site. These plans have deadline dates to meet. Failure to secure proper tuition insurance means a family will forfeit any and all monies paid for the summer. It is your choice whether or not you acquire such insurance. However, you must take the extra insurance if you expect any refund.

I have read and agreed to all of these terms and conditions.

Signature: _____ Date: _____

TRIPPING PERMISSION

(As required by Connecticut Public Law)

My child/children named on page 1 hereof may participate in all camp activities normally scheduled as part of the camp program including, if eligible as to age requirements, supervised off camp trips to theatres, festivals, pioneering trips, to other camps for intercamp athletic competition, to sports facilities or programs or to entertainment facilities.

Signature: _____ **Date:** _____

MEDICAL AUTHORIZATION

Authorization for Treatment: In the event of an emergency, and/or if I (the Parent/Guardian) cannot be reached, I hereby give permission to the physician(s)/facilities selected by the Camp director to secure and administer treatment, including hospitalization, for my child as named in this contract. I agree to provide a current, active credit card to cover any medical expenses my child may incur. The Camp has full permission to use and charge this card as needed, whether during or even after the Camp season. This credit card form will be included in the camper information packet I will receive online prior to camp. I agree that I, the parent or guardian of this child, am solely responsible for the full cost of any and all such care as deemed necessary in the sole discretion of the Camp and/or its medical personnel, staff, employees or advisors. I understand that Doctors may visit the Camp from time to time. I agree to allow any visiting Doctor the Camp has on premises to treat my child, even if they are there on a volunteer or visiting basis, or as a good Samaritan.

I also agree to furnish my child's medical records as signed by my physician, and to provide all details of my child's medical insurance coverage(s). I will inform the Camp in full of any ongoing medical condition or treatment(s), psychological care or conditions, emotional or mental problems, and a list of all medications my child is using or may be discontinuing at camp or prior to camp. I further agree to disclose to the Camp any and all family related issues that may cause the camper stress while at camp, including parental separation, divorce or recent deaths. I agree that only then can the Camp take proper care of my child. I understand that failure to fully disclose such information may lead to dismissal from Camp for the good of the child and/or the greater Camp community. I understand and agree that any such dismissal will be without refund, even if I disagree.

I agree that if I fail to properly sign any of the required camp forms and properly return them to the camp by the required date(s), that I will accept full responsibility for any consequences that may result and hold the Camp and its owners, directors, employees, physicians, nurses, and all camp personnel and associates harmless from any and all claims that may arise there from. I further accept full responsibility for getting my child's physician to properly sign off on all required Camp medical forms and authorizations to treat medically and/or administer medicines, whether such medications are prescriptions or over-the-counter preparations. I agree to hold the Camp, its medical personnel, owners, directors and counselors harmless from any claims arising over such omissions or errors on forms.

Signature: _____ **Date:** _____