

# 3 Day Program for Ages 8-13



## Camp KIWI

**\* 2010 SEASON \***

### Application for Enrollment

P.O. Box 435 • Mahopac, NY 10541 • PHONE: (845) 277-3876 • FAX: (845) 277-0875 • www.campkiwi.com

COMPLETE AND SIGN BOTH SIDES. PLEASE PRINT CLEARLY.

One application form per child is required for registration.

Returning Kiwi Camper  New Kiwi Camper  Boy  Girl

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Father's Business Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade (Entering Fall 2010): \_\_\_\_\_ School: \_\_\_\_\_

Would like to be in the same group as (choose one friend) \_\_\_\_\_

Applicant became interested in Camp Kiwi through: \_\_\_\_\_

My child has permission to leave the Kiwi Campus for inter-camp sporting events  Yes  No

**Transportation and Extended Day are available at an additional cost.**

Please check either Yes or No for the following:

Ext. Day  Yes  No    Door to Door Transportation  Yes  No    Group Pick Up  Yes  No    Train  Yes  No

Site \_\_\_\_\_ Station \_\_\_\_\_

I hereby enroll my child for the 2010 Camp Season. The non-refundable deposit of \$1000.00 is due at the time of registration. Please make check payable to Camp Kiwi Inc. I understand all refunds will be made after the completion of the 2010 camp season.

x \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature

**EMERGENCY TREATMENT RELEASE**  
(Required by the New York State Camping Law)

Child's Name \_\_\_\_\_

In the event that I cannot be reached in case of emergency affecting my child at camp or going to and from camp, I hereby give permission to my physician as listed in the camp record, or if unavailable, the physician selected by the camp director to administer proper treatment to my child as named above.

x \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature

In the event we cannot reach you if your child is ill, please write in the name and phone number of a relative or friend whom we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

FOR OFFICE USE ONLY:

Qb \_\_\_\_\_ Date: \_\_\_\_\_  
EZ \_\_\_\_\_ Rec'd: \_\_\_\_\_  
Grp. \_\_\_\_\_ Check #: \_\_\_\_\_  
Conf. \_\_\_\_\_  
CC. \_\_\_\_\_

**2010 SEASON**

Monday, June 28th – Friday, August 20th, 2010  
(Check Preference Below)

A non-refundable \$1000 deposit is required per child.

Tuition

8 weeks	\$3,880
7 weeks	\$3,445
6 weeks	\$3,010
5 weeks	\$2,575
4 weeks	\$2,140

Your Starting Date \_\_\_\_\_

Remaining tuition is due by March 1, 2010  
Enrollment after March 1, 2010: Add \$100.00  
(A 2% monthly fee is assessed against all accounts in arrears.)

**PLEASE CHECK WEEKS ATTENDING**

- Week 1 = June 28 - July 2
- Week 2 = July 5 - July 9
- Week 3 = July 12 - July 16
- Week 4 = July 19 - July 23
- Week 5 = July 26 - July 30
- Week 6 = August 2 - August 6
- Week 7 = August 9 - August 13
- Week 8 = August 16 - August 20

**SHIRT SIZE**

Youth Sizes:  4-6  6-10  10-12  14-16  
Adult Sizes:  S  M  L  XL  XXL

**FILL IN FOR TRANSPORTATION** Please Circle One: Door to Door/ Group Pick Up/ Train

If Group Site: \_\_\_\_\_ If Train (Station) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cross Street Address: \_\_\_\_\_

Town or City: \_\_\_\_\_

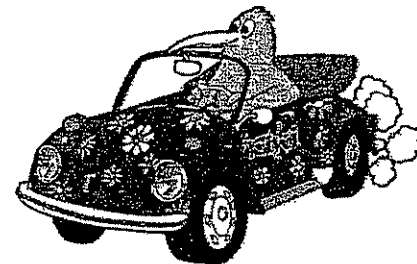
Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_

Please State Weeks Attending \_\_\_\_\_

Please indicate on back location of your home



Please complete other side



## CAMP KIWI'S CONDITIONS OF REGISTRATION

Parent warrants and represents the camper is in sound physical and mental health and fully able to participate in all camp activities without need of individual or specialized attention or medical regimen and that camper's health will not impinge or impact negatively on other campers or the camp program. This includes any allergies, physical conditions, mobility issues, etc., which may require special attention and, if so, please attach a separate sheet of paper and specify the nature of such condition and the necessary treatment or accommodations. Parent further agrees to advise camp promptly of any change in the camper's physical or mental health between the date of enrollment and the start of the camp season.

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. 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."

Parent will advise in writing (below) of his/her camper's history of medical conditions or surgical procedures, therapy programs and/or regularly-taken prescription medications or special needs: **PLEASE BE SPECIFIC**

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It is required by Camp Kiwi, that a child enrolled with special needs, have an individual staff person, at all times. It is also required by Camp Kiwi, that the parents/guardians of the special needs child, provide to the camp this individual Staff Person. This person must attend Camp Kiwi's Staff orientation, and be presented to the Owners/Directors before orientation begins (before June 15).

Camp Kiwi will make all decisions regarding camper's fitness to participate in particular activities or the entire camp program.

At any time before opening day or during the camp season Camp Kiwi retains the right to cancel this contract if it determines that the physical, mental, medical or emotional condition of the child would prevent him/her from participating safely and satisfactorily in our program or interacting positively with other campers. Also, once Camp Kiwi is in session, Kiwi can initiate the cancellation of this contract and the dismissal of the child if the child exhibits unacceptable behavior which prevents our staff from safely supervising him/her or proves detrimental to himself/herself, other campers or staff members as determined by Camp Kiwi directors.

The parent who signs this registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fees. **No refund will be made for early withdrawal of the child before the end of the camp season.** The parent has reviewed the withdrawal policy on the attached addendum.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Putnam County, N.Y., and shall be construed in accordance with the laws of New York."

When contracted, regular daily transportation is provided to and from your child's home or as reasonably close to it as the bus can be routed. Requests for occasional changes will be honored only if a seat is available on the bus that is routed closest to the different location and the change in route does not unduly inconvenience its regular route. **Transportation may not be available to certain areas.**

Camp Kiwi will release your child to either parent (or persons authorized by same) on our site at any time during the day if parental arrangements for pick up have been made beforehand with the camp office. If both parents do not live at the same address, the above procedure will apply unless restricted by a court order. Absent same, disputes between parents must be resolved immediately or Camp Kiwi reserves the right to terminate this contract and dismiss the child. Should this action be required, no refund will be made.

The parent irrevocably authorizes and consents to the Camp's use of the child's name, photograph, portrait or image in connection with the Camp's brochure or other promotional or advertising publications and to the Camp's use of a child's and/or child's family's home address and phone number for group and car pool lists. The parents release the Camp and shall indemnify and hold the Camp harmless from and against any and all claims, liabilities and expenses (including reasonable attorney's fees arising from such use).

I have read and agree to the above conditions and have filled in the requested information, if any. If there is a written agreement and/or court order pertaining to custody, please attach a copy.

**CUSTODY:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_ N/A \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**CHILD WILL NOT BE REGISTERED UNLESS SIGNED BY PARENT OR GUARDIAN**

Please indicate location of your home. Label your street and adjacent ones.

