



2010 CAMP WINGATE*KIRKLAND ENROLLMENT APPLICATION

CAMPER NAME: _____ DATE OF BIRTH: _____
 GENDER MALE FEMALE
 SCHOOL GRADE: SEPT '09-JUNE '10 _____ CAMPER E-MAIL: _____

PARENT/GUARDIAN NAME: _____
 ADDRESS: _____
 TELEPHONE: HOME: _____ WORK: _____ CELL: _____
 E-MAIL: _____

PARENT/GUARDIAN NAME: _____
 ADDRESS: _____
 TELEPHONE: HOME: _____ WORK: _____ CELL: _____
 E-MAIL: _____

IF TWO ADDRESSES ABOVE, CAMPER LIVES WITH PARENT 1 PARENT 2
 PREFER TO HAVE INVOICES SENT BY REGULAR MAIL E-MAIL

PLEASE ENROLL MY CHILD IN THE FOLLOWING SESSION	TUITION
<input type="checkbox"/> FULL SEASON JUNE 30, - AUGUST 17, 2010	\$8,975
<input type="checkbox"/> 1 ST SESSION JUNE 30 - JULY 24, 2010	\$5,750
<input type="checkbox"/> 2 ND SESSION JULY 25 - AUGUST 17, 2010	\$5,750
<input type="checkbox"/> MINI CAMP JULY 25 - AUGUST 8, 2010	\$3,475

ONLY NEW CAMPERS FINISHING 2ND, 3RD & 4TH GRADE ARE ELIGIBLE TO ATTEND MINI CAMP.
 CAMPERS FINISHING 9TH GRADE MUST ATTEND FULL SEASON.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND AGREE TO THE ENROLLMENT CONDITIONS LISTED ON THE BACK.

 PARENT/GUARDIAN SIGNATURE DATE

PLEASE CHARGE MY VISA MASTERCARD CREDIT CARD NUMBER _____
 EXPIRATION DATE _____

AMOUNT TO BE CHARGED: FULL PAYMENT \$ _____
 \$1,500 DEPOSIT NOW AND EQUAL INSTALLMENTS 10/1/09, 2/1/10

 CARDHOLDER SIGNATURE

How do I enroll my child(ren): Please include a \$1500 deposit with this application. After the first camper in your family, there is a \$500 discount for each additional sibling who attends Full Season or \$250 discount for each additional sibling who attends 1st Session, 2nd Session or Mini Camp.

Payment schedule: Half of the remaining balance is due on October 1, 2009. Final balance payments are due on February 1, 2010. Early enrollment discounts will only be honored if subsequent payments are received on schedule.

Withdrawals: Deposits and payments are 100% refundable until June 30, 2010. Enrollment at Camp may be terminated at any time for the health, safety or welfare of the camper and/or the Camp. No refund or reduction in tuition will be made for absence, termination or withdrawal.

Notice: Parents/guardians acknowledge and understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to their child, and that they come with certain risks and uncertainties beyond what their child may be used to dealing with at home. Parents/guardians acknowledge that they are aware of these risks. Parents/guardians realize that no environment is risk-free, and so they have instructed their child on the importance of abiding by the Camp's rules, and that their child and they agree that he or she is familiar with these rules and will abide by them.

Jurisdiction: 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 Barnstable County, Massachusetts, and shall be construed in accordance with the laws of Massachusetts.

Waiver: The failure of either party to enforce in any one or more instances any of the terms and conditions of this Agreement shall not be construed as a waiver of future performance of any such term or condition. Waiver of any term or condition shall be deemed to have been made only if expressed in writing by the party granting such waiver.

Severability: If any provision of this Agreement shall be held by a court of law of competent jurisdiction to be illegal, invalid or unenforceable, that provision shall be reformed, construed and enforced to the maximum extent permissible, and the remaining provisions shall remain in full force and effect. **Enforcement Costs and Expenses:** The parties agree that Camp shall be entitled to recover in-full, and Parent/Guardian shall bear any and all reasonable costs and expenses incurred by the Camp, including, but not limited to, all attorneys' fees and expenses, court costs, and other related expenses, in connection with the enforcement of Parent/Guardian's payment obligations hereunder.

Authorization Statement: I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips out of camp.

Miscellaneous: My camper may appear in photographs or videos used by Camp for promotional purposes.

Please sign front page to indicate that you have read and agree to the enrollment conditions listed above.

CAMP WINGATE * KIRKLAND 79 WHITE ROCK ROAD YARMOUTH PORT, MA 02675

TEL: 888.714.2267 E-MAIL: HEYCAMP@CAMPWK.COM