

2010 Application for Pok-O-MacCready Camps

Mr. Sharp Swan
Post Office Box 397
Willsboro, NY 12996

Please fill out application completely.

Date _____

Dear Sharp: I wish to register my child,

Full Name (first) _____ (middle) _____ (last) _____

as a camper at Pok-O-MacCready Camps for the season of 2010 and enclosed is a registration fee of \$900.00!

Date of Birth ____/____/____ Age as of July 1, 2010 _____ Grade Finished _____ Gender M F

Has the child ever been to sleep away camp before? YES NO If Yes, where? _____

My child will attend for:

- 7-week Season: June 27 – August 14 (\$5950)
- 4-week Session: June 27 – July 25 (\$4725)
- Short 3-week Session: July 27 – August 14 (\$3100)

A 10% tuition reduction is made on the third child from one household in the same year.

Day Camp Option: July 27-Aug 14 (Contact us for separate application)

A registration fee of \$900.00 is due immediately and is included in tuition prices.
Tuition must be paid in U.S. Dollars.

FAMILY DATA

Adult #1

Adult #2

Name in full _____

Relationship to camper _____

Home Address (Street) _____

(City, State, Zip, Country) _____

Home Phone _____

Cell Phone _____

E-mail (Please include!) _____

Occupation and Title _____

Business Phone _____

Check child's residence if applicable:

Electronic Mailings: Yes, I would like to receive mailings via e-mail _____

Special Billing Name(s), if applicable _____

Address _____ Postal Code _____

HORSEBACK RIDING: 7 weeks: Every Day - \$575.00 Every Other Day - \$375.00
4 weeks: Every Day - \$375.00 Every Other Day - \$275.00
3 weeks: Every Day - \$275.00

Do you grant your child permission to participate in equestrian jumping activities (please circle)? YES NO

TUTORING: (fees on Essential Info page) If required, which subjects? _____ Every Day Every Other Day

Check here if you DO NOT want a Camp Portrait and Section Photo sent home (\$7)

I first heard about Pok-O-MacCready Camps through: _____

I suggest you send an information packet to _____ Address _____

Give the gift of camp! I have enclosed \$ _____ made payable to the Adirondack Scholarship Foundation to help send kids to Pok-O.

BILLING SCHEDULE: Please check the appropriate box for the billing schedule you prefer. If you need a specialized payment plan, please contact Financial Director, Scott McIntyre.

One Payment (due May 1)

Two Payments (70% due May 1, 30% due June 1)

PAYMENT of REGISTRATION FEE: You may remit the \$900 registration fee by check, payable to Pok-O-MacCready Camps, or provide your complete VISA/MasterCard information here. Credit card transactions will be charged 2% of the amount to cover processing fees.

Card # _____ Exp. Date _____ Amount \$ _____

APPLICATION NOT VALID UNTIL SIGNED WHERE REQUIRED (OVER)

Please return application form with registration fee to: Sharp Swan, Post Office Box 397, Willsboro, NY 12996.

TERMS OF ENROLLMENT

Registration is official only when this SIGNED FORM as well as a DEPOSIT of \$900 has been received. The balance of tuition is due on or before June 1, 2010 (see other side). Tuition includes room and board for the desired session length, laundry, as well as all regular camp activities, including but not limited to, wilderness trips, mountain bikes, kayaking, and all 1812 Homestead activities. Horseback riding, the camper's Blue Boar Bank Account, Horse Show entrance fees, camp apparel, and other out-of-camp field trips are not included in tuition. Transportation to and from camp is also an extra cost. Pok-O-MacCready Camps proudly admits children of any race, color and national or ethnic origin. Pok-O-MacCready is not responsible for lost, misplaced, or forgotten items.

Refund Policy: Registrations fees are refundable if notified by April 1, 2010 that a camper will not attend camp. After May 15, 2010, neither the registration fees nor any portion of tuition is refundable. Additionally, no refund will be granted for late arrival, early departure, withdrawal, or dismissal from camp.

BUS/VAN INFORMATION

Bus/van transportation is available from the following locations for a set fee of \$85.00 each way. Buses/vans return to the same locations at the end of each session. *If you already know your child will be taking the bus/van to or from camp, please check the appropriate boxes below.* If you do not know, you will have an opportunity to reserve bus/van space at a later date, and will be billed separately.

- New York City - The Roosevelt Hotel (46th Street and Madison Avenue - 46th Street Entrance)
- Elmsford, NY - From the Syms Department Store Parking Lot (Exit 4 off I-287)
- New Baltimore, NY - By special arrangement only at NY Thruway Service Area

Buses/vans depart for camp on the following dates:

- 4 and 7-Week Session: June 27, 2010
- 3-Week Session: July 27, 2010

Buses/vans return from camp on the following dates:

- 4-Week Session: July 25, 2010
- 3 and 7-Week Session: August 14, 2010

CABIN ASSIGNMENT REQUESTS: We will do our best to honor cabin requests received before June 1, 2010, but no cabin requests can be guaranteed. My child's cabin requests are: _____

PERMISSION FORM and PHOTO RELEASE (REQUIRED)

I understand and certify that my child's participation at Pok-O-MacCready Camps and its activities is voluntary, and I have familiarized myself with the camp's programs and activities.

I recognize that certain hazards and dangers are inherent in camping activities and particularly, but not limited to, the activities of horseback riding, swimming, boating, contact sports, mountain biking, ropes course, rock climbing, and wilderness hiking and canoe trips (where children may be several hours from medical services). I further acknowledge that Pok-O-MacCready Camps has taken safety measures to minimize the risk of injury to camp participants and that Pok-O-MacCready Camps cannot insure or guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries.

I give permission for my child to swim during off-site camp trips to regulated swimming areas. Pok-O-MacCready campers have numerous opportunities to swim at state regulated swimming areas during the summer. These areas include across Long Pond, Ausable Point Beach, and the Great Escape Amusement Park in Lake George, NY. Each of these areas will be formally notified in advance of Camp's attendance on that day in order to prepare their on-duty lifeguards for our campers. Camp will also provide one lifeguard for every 75 Pok-O-MacCready swimmers as well as non-lifeguard supervisory staff in order to meet New York State Health Code and ensure the highest level of safety. If no lifeguards are provided, 1 Pok-O-MacCready lifeguard will go on duty for every 25 swimmers. *Initial here if you do NOT give consent* _____

I give permission for my child to swim while on wilderness trips during the summer. These areas may include rivers or lakes that meet acceptable guidelines as regulated by the Department of Health and assessed by trained staff members. In accordance with New York State Health Code, Pok-O-MacCready will delineate boundaries of swim areas and provide appropriate numbers of lifeguards and non-lifeguard supervisory staff per number of campers to ensure the highest level of safety. *Initial here if you do NOT give consent* _____

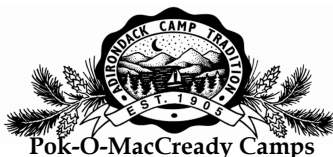
I further grant permission to Pok-O-MacCready Camps to photograph or videotape my child and use his or her likeness in publicity materials. I acknowledge that the camp may choose to use my child's likeness in the future without notice, and that the camp may discontinue the use of any likeness without notice. I am aware that my child's name and photo may be available online in an open domain available for general viewing. *Initial here if you do NOT give consent* _____

I hereby give my (our) consent that _____ (Camper Name) is allowed to participate in all activities, except the following _____ (Please initial if nothing).

Parent or Guardian Signature _____ (Signature Required) Date _____

I certify that I have read and understand the **TERMS OF ENROLLMENT** above, as well as the camp's refund policy on the Essential Information Page.

Parent or Guardian Signature _____ (Signature Required) Date _____



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