

EARLY BIRD 2016 CAMP ROTARY APPLICATION

EARLY BIRD PRICING GUARANTEED THROUGH DECEMBER 15, 2015 ONLY!!

LISTED BELOW ARE CAMPING DATES AND THE <u>OPTIONAL</u> OUT-OF-CAMP TRIPS PLANNED FOR EACH WEEK (At a modest extra charge)	
Week #1 - June 26 - July 2 • Water Country	Week #5 - July 24 - 30 • Water Country
Week #2 - July 3 - 9 • N.E. Aquarium & IMAX Theatre	Week #6 - July 31 - Aug 6 • N.E. Aquarium & IMAX Theatre
Week #3 - July 10 - 16 • Canobie Lake Park	Week #7 - Aug 7 - 13 • Canobie Lake Park
Week #4 - July 17 - 23 • Funtown / Splashtown	Week #8 - Aug 14 - 20 • Funtown / Splashtown

Are you a role model camper who is completing the 9th or 10th Grade This Year??

Find out more about our **Leader-In-Training (LIT) program** for 9th graders and our **Counselor-in-Training (CIT) program** for 10th graders by contacting our Director at camprotaryma@aol.com or by calling the camp at 978-352-9952.

Tuition Fee Ages 7 - 15

Registration Fee - - - - - \$35.00

Week Session Tuition- - \$675.00

ADDITIONAL FEES:

- * Camp Store: An average amount of \$25 per week is suggested.
- * Optional out of camp trips fees vary.
- * Most special diets can be accommodated but a surcharge may apply.

50% TOTAL TUITION MUST BE RECEIVED PRIOR TO MARCH 1, 2016 - BALANCE DUE APRIL 10, 2016



Fill out the registration form below completely.
 Mail it to CAMP ROTARY, P. O. Box 270, Boxford, MA 01921-0270
**BE SURE TO ENCLOSE THE \$35 REGISTRATION FEE
 PLUS \$25 OF EACH WEEK'S TUITION (NON-REFUNDABLE & NON TRANSFERABLE)**

- New Camper
 Returning Camper

2016 EARLY BIRD CAMP ROTARY APPLICATION FORM

PLEASE PRINT CLEARLY AND ACCURATELY # _____

Camper's LAST Name _____ First Name _____ Nickname _____

Address _____ City _____ State _____ ZIP _____

Home Phone (_____) _____ Birthdate _____ Sex _____ Grade Completed June 2016 _____

Father's Name _____ Home Phone (_____) _____ Work Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Work Phone (_____) _____

Email _____ Cell Phone (_____) _____ This will be year # _____ at Camp Rotary

Is camper enrolled in any special education programs? _____ If so, please attach a brief explanation.

We became interested in Camp Rotary through: _____

Camps previously attended: _____ Location _____

Please circle camping choice(s) Weeks # 1 2 3 4 5 6 7 8

I have enclosed my non-refundable Registration Fee \$35.00
 plus \$25 tuition for each week selected \$00

for a TOTAL Amount of \$00
W BALANCE DUE \$00

Please make your check payable to **CAMP ROTARY**
 and mail with this form to:
CAMP ROTARY
 P. O. Box 270, Boxford, MA 01921-0270

THE LEGAL STUFF - PLEASE READ CAREFULLY

No refunds of any kind can be made within one month prior to the child's arrival, except in cases of severe illness or injury verified by a physician. Once a child begins camp, **no refunds** can be made for illness, injury or any other reason causing a child's withdrawal. In order to provide the best possible camping experience for your son or daughter, the following rules and regulations will be enforced: Any camper found leaving his or her unit without permission after evening taps will be immediately dismissed from camp. Parents will be notified regardless of hour and asked to pick up their son or daughter. This rule will be strictly enforced and your cooperation and understanding will be appreciated. Smoking or use of any illegal substance will result in immediate dismissal from camp.

Camp Rotary states that no refund will be made to parents for any reason, including homesickness, medical illness or dismissal from camp.

In signing this application, the parent certifies that the camper will reach the minimum age prior to the camp session and acknowledges that he/she understands the policies above and will abide by them. It is understood that any damage to property or equipment caused by the camper's disregard of a leader's instructions must be paid for by the parent. The camp will not assume liability for loss or damage of the property of campers. The camp will provide first aid free of charge to campers but will not be liable for services of a physician or hospital should this become necessary. Physician & hospital expenses will be covered by the family or their insurance policy. Parents are responsible for securing transportation to and from camp for their child. The camp management reserves the right to dismiss a camper from camp due to behavior problems. **No refunds** will be made. Permission is also given to use photographs of campers in camp publicity. I hereby authorize and accept responsibility regarding the emergency transportation of my child from Camp Rotary to the nearest medical facility in the event of a medical emergency. I hereby authorize any physician / hospital selected by the camp director to treat my son/daughter for any injury or illness, as deemed appropriate by qualified medical personnel. I hereby give my permission to allow my child to attend camp activities held off camp property. I also agree to authorize the staff of Camp Rotary to administer non-prescription medication (Tylenol, Pepto Bismol, cough medicine, etc.) as deemed necessary by the camp administration.

Signature (Parent or Guardian) _____ Signature (Camper) _____ Date _____