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ENROLLMENT APPLICATION 2010

CAMPER INFORMATION (Please type or print clearly)

Full Name: (last) _____ (first) _____ (middle) _____ (nickname) _____
Address: (street) _____ (city) _____ (state) _____ (zip) _____
Date of Birth: ____/____/____ **Age at camp time:** _____ **Grade (in Sept.):** _____
month day year

PARENT/GUARDIAN INFORMATION

Camper lives with: Both Parents Father Mother Guardian StepParent Other

Father's Name: (last) _____ (first) _____ (middle) _____
Home Address: (street) _____ (city) _____ (state) _____ (zip) _____
Business Address: (street) _____ (city) _____ (state) _____ (zip) _____
Occupation: _____ Employer/firm _____
Home Phone: () _____ Business Phone: () _____
Cell Phone: () _____ Email: _____

Mother's Name: (last) _____ (first) _____ (middle) _____
Home Address: (street) _____ (city) _____ (state) _____ (zip) _____
Business Address: (street) _____ (city) _____ (state) _____ (zip) _____
Occupation: _____ Employer/firm _____
Home Phone: () _____ Business Phone: () _____
Cell Phone: () _____ Email: _____

HOW TO ENROLL: Check Session, Transportation, and WhiteWater Raft Trip. Read and sign Conditions of Enrollment and complete payment box on back. Mail application/payment to: **DEER CROSSING CAMP, Sierra Foothills Office, 1919 Ridge Road, Mokelumne Hill, CA 95245**

SESSIONS

<p>ONE WEEK Ages 9-17</p> <input type="checkbox"/> June 20- June 26 \$1000 <input type="checkbox"/> July 4- July 10 \$1000 <input type="checkbox"/> July 18 - July 24 \$1000 <input type="checkbox"/> August1 - August 7 \$1000	<p>TWO WEEKS Ages 9-17</p> <input type="checkbox"/> June 20 - July 3 \$1750 <input type="checkbox"/> July 4 - July 17 \$1750 <input type="checkbox"/> July 18 - July 31 \$1750 <input type="checkbox"/> August 1 - August 14 \$1750	<p>FOUR WEEKS Ages 9-17</p> <input type="checkbox"/> June 20 - July 17 \$3200 <input type="checkbox"/> July 4 - July 31 \$3200 <input type="checkbox"/> July 18 - August 14 \$3200
<p><i>Tuition for all sessions includes meals, tent sleeping accommodations, instruction, and equipment. Campers bring sleeping bag, backpack, and personal items.</i></p>	<p>LEADERSHIP PROGRAMS Ages 15 - 18 (Submit separate applications for CIT or LIT)</p> <input type="checkbox"/> CIT June 20 - July 3 \$1750 <input type="checkbox"/> LIT July 4 - July 31 \$3200	<p>Whitewater Raft Trips*</p> <input type="checkbox"/> One Day Trip \$80 Offered in all two week sessions <small>(subject to minimum participation: 10)</small>

TRANSPORTATION: Must reserve with application. Check your choice. **Chartered bus: \$60 one way, \$120 round trip.**
Two Week Sessions: Roundtrip available. One Week Sessions: One way only available TO camp.
Bus pick up going TO camp: Cupertino Concord Sacramento
Bus return FROM camp: Cupertino Concord Sacramento
Parent will provide transportation: TO camp FROM camp

EARLY BIRD DISCOUNTS: (Discounts are not applicable to Leadership Programs. Discounts may not be combined).
Full payment by December 15, 2009: \$200 off each 2 week session, \$100 off each one week session.
Deposit by February 15, 2010: \$100 off each 2 week session. Balance must be paid by May 1, 2010 to qualify for discount.
Standard rates apply after February 15, 2010 with sibling discount of \$50 off a two week session.

*Raft Trip Requirements: minimum height- 4'10", 85 lbs., good swim skills, signed release form, reserve with application.

REFERRED BY: _____

CONDITIONS OF ENROLLMENT FOR SUMMER 2010

I (we) the undersigned parents/guardians of _____ hereby apply to enroll my child in Deer Crossing Camp, Inc.

1. **Reservation Cancellation/Refunds:** It is understood that cancellations must be in writing and that the postmark will determine the date. On or before May 1: all payments will be refunded less a processing fee (\$200). After May 1: all payments will be refunded less the deposit. After June 1: 50% of the fees (includes tuition, bus, raft fees) will be refunded. After June 20: No refunds. Due to the fact that all camping programs are planned in advance, including purchasing of camper's supplies, equipment, and hiring of personnel based on confirmed camper reservations, no refunds, allowances or rebates will be made on tuition, bus, or raft fees if cancellation occurs after June 20. For parents concerned about possible loss of tuition due to unforeseen circumstances, insurance is available on the internet by searching "camp tuition insurance".
2. **Withdrawals, Absences, Late Arrivals:** No refund or allowance. No refund for homesickness. (Exception - If camper must return home due to illness or injury, the fee will be pro-rated with a minimum charge of \$300).
3. **Dismissals:** It is understood that the camp will dismiss a camper immediately whose conduct or influence is unsatisfactory, dangerous or illegal or, in the discretion of Deer Crossing Camp, is detrimental to the camp and/or other campers. This includes, but is not limited to, possession of or any involvement with drugs, smoking of any type, weapons, alcoholic beverages, and disruptive behavior. In the event of dismissal, there shall be no refund of any part of the camp fee. In the event of dismissal, the parent agrees to pick up their child at camp.
4. **Reservation changes:** (including sessions, transportation, optional trips) are limited to **one** change without charge, must be of equal value, (2 weeks for 2 weeks, etc.) and must be requested in writing on a DCC Reservation Change Form.
5. **Program/Activity Changes:** no refund, rebate or allowance or substitutions necessitated by weather, or other factors out of the Camp's control.
6. **Personal Belongings:** The Camp is not responsible for **clothing, personal belongings, or money** that is lost, forgotten, mailed to camp, or damaged by fire, theft, laundry, etc.
7. **Emergency Contact:** It is understood that, at all times during the camp session, parents or guardians will keep the camp advised as to where they may be contacted in case of emergency. Parents or guardians will also give the name and contact number of an alternate person should the parents be unavailable in case of emergency or the parents do not pick up their child at the scheduled time. There will be an extra charge for overtime supervision and care.
8. **Medical Emergency:** In case of medical or surgical emergency, I hereby give permission to the physician selected by the Camp Director to secure proper treatment for, and hospitalize, if necessary, the camper listed in this application. All such expenses shall be paid by parent, including helicopter evacuation, and costs of special transportation. Parents or guardians or the alternate contact person will be contacted as fast as possible in the event of a medical emergency.
9. **Communication: Phone:** Satellite phone only. No cell reception. It is understood that the satellite phone is for outgoing emergency calls, and liaison with the Camp Office in Mokelumne Hill. Parental concerns are to be directed to the Camp Office in Mokelumne Hill. Based on the reason for a direct call between camp and parents, the Camp Director may determine that the call will be paid by the parents. In that event, the parent will be advised in advance that the cost will be \$5 per minute.
Mail: Mail is picked up at nearest Post Office to Camp (40 miles). Packages will not be accepted without prior arrangement with the Camp Office. *Do not send camper mail to the Camp Office address. The Camp Office is not at the Camp. Use the camper mail address in your information packet.*
Visitation: On designated visitor days only.
10. **Photo Permission:** The undersigned consents to the use of any photographs and/or video of this camper to be used for advertising or promotion in print media or electronic media by Deer Crossing Camp, Inc., or the American Camping Association.
11. **Health History and Exam Form:** The Health History and Exam Form to be provided in the Information Packet must be completed and signed by parent and physician and received by the Camp Office in Mokelumne Hill two weeks prior to camper's session. It is understood that omission of information or incomplete information on the Health History and Exam Form about physical, emotional or behavioral conditions the camp should be aware of may result in dismissal and forfeiture of all fees.
12. **Special Information:** At the time of submitting the enrollment application, the parent is responsible for informing the camp of any special physical, emotional, or behavioral conditions the child has, and it is understood that Deer Crossing Camp Inc. may decline to accept such child, or may revoke such acceptance, when it is apparent the child may not have a successful camp experience. Please indicate briefly, on the lines below, special information about your child including but not limited to, special dietary requirements, homesickness, bedwetting, allergies, eating disorders, sleeping disorders, and any other physical, emotional, or behavioral conditions that have required special attention or professional treatment:

I (we) have read the foregoing Conditions of Enrollment and agree to them.

SIGNATURE OF FATHER/GUARDIAN _____ Date _____

SIGNATURE OF MOTHER/GUARDIAN _____ Date _____

Method of Payment: Check Money Order Visa Mastercard Card # _____

Name on credit card _____ Expiration Date _____

Billing address of card _____

Full Payment: Tuition: \$ _____, **Bus** \$ _____, **Raft Trip** \$ _____ **Total** \$ _____

Deposit (One week session, \$300. Two week session, \$500. Four week session, \$1000.) \$ _____

Enrollment after May 1: full tuition payment must accompany enrollment applications.
Balances due must be paid by May 1.
 A Credit Card Authorization Form must be submitted to charge balances to a credit card. Forms may be obtained by contacting the office.

After receipt of this application and payment, you will receive a deposit receipt or reservation confirmation. During the first week of May, you will receive an Information Packet including Health History and Exam Form, clothing/personal item list, and transportation details.



DEER CROSSING CAMP • 1919 RIDGE ROAD • MOKELUMNE HILL, CA 95245
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