

Please attach a current photo

CAMP NASHOBA NORTH 2010

Raymond, Maine

Child's Name _____ Child prefers to be called _____
Street _____ City _____
State _____ Zip _____ Country _____
Birthdate (m/d/y) _____ Age _____ Sex _____ Camper Cell # _____
Home Telephone# _____ Camper E-Mail Address _____
School Grade Completed as of 6/10 _____ School Name _____
How did you learn of Camp Nashoba North? _____
Former Camping Experience _____ # years at Nashoba _____

14 Day Program Begins Thursday August 5 and ends Thursday August 19

Tuition \$2,000.00 Summit Program

Please indicate your surname preference ie., Ms., Mrs., Dr., etc. and attach your business card if you desire. We ask that you write clearly.

Father's Name _____	Mother's Name _____
Occupation _____	Occupation _____
Work Tel _____ Fax _____	Work Tel _____ Fax _____
Work Address _____	Work Address _____
Home Tel _____ Fax _____	Home Tel _____ Fax _____
Cellular _____ Pager _____	Cellular _____ Pager _____
Summer Telephone _____	Summer Telephone _____
Preferred Family E-Mail Address _____	
Insurance Company _____	Number _____
Are parents separated? (Yes/No) _____ or Divorced? (Yes/No) _____	
If Yes, who does the child live with? _____	
Do both parents have visiting rights? (Yes/No) _____ If no, please explain.	

*Please note any special issues or concerns that might affect your child's adjustment at camp ie., divorce or separation, school, peers, etc....

*Has your child had psychological counseling at anytime during the 2009-2010 school year? (Yes/No) _____ If yes, please explain.

The Summit program can be physically challenging at times, do you feel your child is capable of manual labor in volunteer situations?

*Please note if your child has any dietary needs ie., lactose, vegetarian, etc.

*Please note any special sensory or physical needs your child may have.

*Has your child ever been known to sleepwalk? If yes, please describe.

Telephone & Visitation Policy: Please note that your child may call home upon arrival to camp if they are flying. There will not be a visiting period for parents. Campers are not permitted to be taken off camp overnight with parents. Please refer to Parent Handbook 2010 for details. Summit campers will not always be housed on camp property.

A deposit of \$500.00 is required with this application. This amount is credited toward the tuition. No refunds will be made for cancellations, late arrival or early departure. Balances are due May 1, 2010. Credit card payment is not available. Late fees will be administered. The directors reserve the right to withdraw or expel any camper whose influence, conduct, or actions are deemed harmful or disruptive to themselves or others, and will not or cannot abide by the rules and policies of camp. If this occurs, no deduction or return of fee, or any part thereof, will be made. Parent or guardian agrees to make necessary travel arrangements within 24 hours for the return of the child to their possession. During this period the child will not be allowed to participate in camp activities. Travel arrangements home and all associated travel expenses will be the responsibility of the parent or guardian. If necessary arrangements are not made, the camp will do so at the expense of the parent or guardian. This program is enrolled on a first-come-first-serve basis. There must be a minimum number of 6 participants enrolled prior to March 15, 2010. Full refunds will be made if this program does not meet the participant requirements. Release forms are required for volunteer environments and must be on file prior to arrival.

Use or possession of illegal drugs, tobacco, alcohol, fighting or harassment, fireworks, foul language, or any other dangerous item, or tampering with any fire-fighting equipment is strictly prohibited and grounds for immediate dismissal without refund. We are committed to keeping Nashoba North safe and fun for everyone. Campers will be volunteering in programs that require physical exertion and are asked to participate to the best of their ability.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child as named above. Health care insurance is not provided by camp. Permission is given to use photographs or videos in which my child may appear. Your child's enrollment at Camp Nashoba North will represent your agreement to your child's participation in the activities of camp, and acceptance of all benefits and risk of such activities, and I agree to release Camp Nashoba North, Inc. from all claims resulting from the risks reasonably associated with camp activities. I have read and agree to the terms outlined on the pages herein.

Signature Required _____ Date _____

VISA/MC for \$500.00 Deposit. Cardholder's Name _____ Signature _____

Please charge \$500.00 to # _____

Exp (m/d/y) _____ Security Code on Credit Card _____

Please remember to attach a current photo. All applications should be sent to our winter address.

Fax to 978.952.2442 or send to Camp Nashoba North, 140 Nashoba Road, Littleton, MA 01460