



# Camp Tech-Mada

2008

## Science Camp Registration

Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_ Goes by: \_\_\_\_\_  Boy  Girl  
 Address: \_\_\_\_\_ Tee Size: \_\_\_  Adult  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_  
 Camper's Cell: \_\_\_\_\_ Camper's E-Mail: \_\_\_\_\_  
 Yeshiva/School: \_\_\_\_\_ Grade Completed 06/08: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Other Education, Related Interests/Achievements: \_\_\_\_\_  
 \_\_\_\_\_  
 Attends Summer Camp(s): \_\_\_\_\_ End date: \_\_\_\_\_  
 Food/Other Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 Medical Needs/Medications: \_\_\_\_\_  
 Medical Insurance: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

**Parent/Guardian Information:**

	<u>Mother:</u>	<u>Father:</u>
Name:	_____	_____
Cell Phone:	_____	_____
Work Phone:	_____	_____
Business Name:	_____	_____
Responsible for:	<input type="checkbox"/> Drop off <input type="checkbox"/> Pick Up <input type="checkbox"/> Primary Contact	<input type="checkbox"/> Drop off <input type="checkbox"/> Pick Up <input type="checkbox"/> Primary Contact

**Emergency Contact:**

Full Name: \_\_\_\_\_ Camper Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Business Name: \_\_\_\_\_

**Camper Registration Contract:**

My signature to this agreement indicates our desire to abide by the Science Camp rules and regulations. I understand that part of the camping experience involves activities and interactions that may be new to my child and presume certain risks and uncertainties beyond what my child may be accustomed to at home or in school. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the Science Camp's rules and heeding the instructions from the staff. My child and I both agree that he or she is familiar with these rules and will abide by them at all times.

I have enclosed a non-refundable registration fee (or full tuition, date-dependent - see below) as a deposit, and agree to pay any remaining unpaid tuition and fees within 10 days upon receipt of the Science Camp notification of acceptance of this application. The registration fee will only be returned if the Camp places this application on a waiting list and the application is not accepted before camp begins, or if I choose to forfeit my place on the waiting list, or if a session date changes and I cannot attend. I agree, if this application is accepted, to pay the entire tuition balance no later than 30 days before the camp start date, otherwise I understand that this registration may be cancelled and any paid deposit will be retained as liquidated damages. I understand that certain fees beyond base tuition (\$75 capped maximum), mandatory or optional, may be applicable, and I agree to pay all fees promptly on the date requested and I understand that if such payments are late, activities may be unavailable to the camper. I agree to pay \$20 for all checks returned for insufficient funds.

I further agree that there will be no deductions from the fee of a camper arriving late or leaving early, no refunds of trip fees paid if the camper does not attend the trip, nor will there be any refund for cancellations within 30 days of the camp start date. The Science Camp reserves the right to, at its sole discretion, dismiss any camper due to illness, for reasons it believes are in the best safety and interests of its staff and other campers, or disciplinary reasons; no refunds will be given upon such dismissal, and early transportation arrangements must be made by the parent. Availability of instruction and facilities and other activities depends upon enrollment. No refunds will be issued for late arrival or early withdrawal, cancellations due to illness of campers or staff, malfunctions in equipment, severe weather, and damage to facilities caused by fire or other natural acts or acts otherwise outside the Camp's control, or absence from any one or more consecutive or non-consecutive days. The parent or guardian authorizes the Science Camp and its assigns to use and distribute photos or videos of the camper and release my name to other parents at the camp's discretion. The camp is not responsible for personal belongings lost or damaged by accident, casualty, theft, etc. Camper's parents will be responsible for facilities damaged by the camper and incidental damages.

I agree to pick up and drop off my child at the designated location at the designated times, and provide my child with the appropriate clothing, food, and supplies required. I agree to reimburse the camp for any expenses, fees, transportation, or sitter's fee incurred if I have not picked up my child at the designated time.

In case of illness or accident, the camper shall have immediate and competent care by a third party provider. All such expenses will be billed in full to the camper's / parents' medical plans, including deductibles, and the camper must be fully insured. In case of an emergency, I understand that my emergency contact will be notified, but such contact shall not delay medical response. I give my full permission for all treatment of any nature deemed necessary by local emergency responders and/or doctors to be extended to the camper. I further authorize the camp staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the staff, at its sole discretion, believes such communication is in the best interest of the child.

The Science Camp reserves the right to cancel any program or group for any reason. In the event of such cancellation, a refund for that part of the cancelled program may be made. 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 Teaneck, NJ, and shall be construed in accordance with the laws of the State of New Jersey.

**Agreed: I have read this document fully and discussed the rules of the Science Camp with my son/daughter as necessary and I certify that I have fully disclosed all relevant and necessary information to the Camp regarding his/her participation herein. To the best of my knowledge the information provided here is correct. I reserve my session date preference below and enclose the payment as indicated.**

_____	_____	_____
Signature of Parent / Guardian (Primary)	Signature of Parent / Guardian	Date
<b>RESERVE:</b> <input type="checkbox"/> MAIN SESSION: August 5-13 OR <input type="checkbox"/> OVERFLOW SESSION: August 20-28		
<b>ENCLOSE:</b> <input type="checkbox"/> Prior to <u>June 15</u> : Non-refundable <u>\$75</u> registration fee; balance will be billed 30 days before camp <b>OR:</b> <input type="checkbox"/> Payment of <u>\$484</u> = \$459 full tuition (includes \$75 non-refundable registration fee) + \$25 lab fee		
<b>I prefer to receive further correspondence by:</b> <input type="checkbox"/> mail <input type="checkbox"/> telephone <input type="checkbox"/> e-mail <input type="checkbox"/> fax: _____		
<b>CARPOOL:</b> <input type="checkbox"/> I would like to participate in a carpool with other parents/staff		

*You will receive information concerning transportation, special events and fees, medical forms and any other pertinent information under separate cover upon acceptance of this application one week prior to your camp session date. Your application will only be processed after payment has cleared.*

**ALL CHECKS MUST BE MADE PAYABLE TO DemoForum Education.** Mail one completed application per camper along with your registration fee/tuition check made out to DemoForum Education to:  
**DemoForum Education** PO Box 1108, West Englewood Station, Teaneck, NJ 07666-1108 (Tel. 888-270-7928 x333)

Camp to be held at Torah Academy of Bergen County\*, 1600 Queen Anne Rd., Teaneck, NJ 07666 (201-837-7696)

\* Program not sponsored or supervised by TABC, privately run camp with use of TABC science and computer lab facilities