

We're More Than A Camp, We're A Family!



2017
ENROLLMENT
APPLICATION

Winter Address: 1191 Old Country Road, Plainview, NY 11803 • Summer Address: 1635 SR 2036, Thompson, PA 18465
Winter Phone: 516.938.0894 • Winter Fax: 516.938.3184 ■ Summer Phone: 570.756.2660 • Summer Fax: 570.756.3083 ■ 1-888-TIOGA-4-U

CAMPER'S NAME _____ GENDER _____

HOME ADDRESS _____

TOWN _____ ZIPCODE _____

HOME PHONE NUMBER _____

DATE OF BIRTH (mm/dd/yy) _____ Age as of 6/24/17 _____ Grade as of 6/24/17 _____

CAMPER'S CELL PHONE _____

FATHER'S NAME _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

MOTHER'S NAME _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

EMERGENCY NAME _____ RELATIONSHIP _____

PHONE NUMBER _____

**Get Ready For The Best
Summer Of Your Life!**

FULL Session: June 24th-August 12th • Session ONE: June 24th-July 22nd • Session TWO: July 23rd-August 12th

Please select an option:

- FULL SESSION:** **\$10,295** until 6/30/2017
- SESSION ONE:** **\$6,495** until 6/30/2017
- SESSION TWO:** **\$5,795** until 6/30/2017

ENROLLMENT SECURED WITH FULL PAYMENT AT THIS TIME.

Payment refundable, less a \$200 processing fee, until June 10th.

PLEASE NOTE: Tuition includes Camp Shirt, 3 Balanced, Nutritious Meals per Day, Daily Snacks, Nightly Canteen Snack, Towels, Laundry Service, all On-Site Activities and All Daily Trips.
Not Included are Optional Trips and Extra Spending Money.

Please Indicate Preference for ONE Mutual Bunking Placement _____

I understand that Camp Tioga will attempt to honor requests but Final Bunk Placement is made AT THE DISCRETION OF THE DIRECTORS.

Camper's Email Address _____

Camper's Prior Camp Experience _____

Physician's Name _____ Phone Number _____

Health Insurance

Information

Company _____ Group Number _____

TERMS & CONDITIONS:

I WILL ALLOW PHOTOS OR VIDEOS OF MY CHILD(REN) TO BE USED FOR PROMOTIONAL PURPOSES. CAMP TIOGA IS AUTHORIZED TO USE ITS OWN JUDGEMENT FOR THE IMMEDIATE HANDLING OF ANY SITUATION AND ACT AS SUMMER GUARDIAN FOR THE CAMPER NAMED ON THIS DOCUMENT. IF NECESSARY, IN THE JUDGEMENT OF THE DIRECTORS TO USE OUTSIDE HOSPITALIZATION, MEDICAL, SURGICAL OR DENTAL AID FOR THE HEALTH AND WELL BEING OF THE CAMPER(S), I HEREBY AUTHORIZE THE CAMP AND ITS DIRECTORS TO USE SUCH OUTSIDE AID. PAYMENT FOR SUCH MEDICAL CARE WILL BE PAID BY MY FAMILY INSURANCE OR I WILL REIMBURSE CAMP TIOGA.

I UNDERSTAND THAT PART OF THE CAMPING EXPERIENCE INVOLVES ACTIVITIES AND GROUP LIVING ARRANGEMENTS AND INTERACTIONS THAT MAY BE NEW TO MY CHILD, AND THAT THEY COME WITH CERTAIN RISKS AND UNCERTAINTIES BEYOND WHAT MY CHILD MAY BE

USED TO DEALING WITH AT HOME. 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 CAMP'S RULES, AND MY CHILD AND I BOTH AGREE THAT HE OR SHE IS FAMILIAR WITH THESE RULES AND WILL OBEY THEM. I UNDERSTAND THAT NO REFUNDS WILL BE MADE IN THE EVENT THAT MY CHILD(REN) MUST BE REMOVED FROM CAMP TIOGA FOR DISCIPLINARY REASONS (ILLEGAL DRUGS, ALCOHOL, OR EXTREME BEHAVIOR DEEMED UNFIT BY THE CAMP DIRECTORS).

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 SUSQUEHANNA COUNTY, PENNSYLVANIA, AND SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF PENNSYLVANIA.

PAYMENT METHOD (Make check payable to Camp Tioga) Check Enclosed Visa Mastercard Amex

Number _____ Exp. Date _____ CCID _____

Card Holder's Name _____ Signature: _____

Complete and return this entire form with your payment to our Winter office:

Camp Tioga, 1191 Old Country Rd., Plainview, NY 11803 • 516-938-0894

DATE:

FOR OFFICE USE ONLY

DEPOSIT AMT:

NOTES:

I hereby enroll my child(ren) at Camp Tioga for the 2017 season, subject to the Camp's rules and policies. I have read the terms and conditions set forth above, and, by my signature, agree to these terms.

PRINTED NAMES OF PARENTS _____

Signature of Parents _____

DATE: _____
