



CAMP O-AT-KA 2017 Camper Application

2017 CAMPER APPLICATION

I am making an application for enrollment at Camp O-AT-KA for the period of:	REGULAR TUITION
FULL SESSION: June 25 - August 12, 2017	\$ 9,250
FIRST SESSION: June 25 - July 22, 2017	\$ 5,900
SECOND SESSION: July 23 - August 12, 2017	\$ 4,900
2-Week STARTER PROGRAM (1a): June 25 - July 8, 2017	\$ 3,750
2-Week STARTER PROGRAM (1b): July 9 - July 22, 2017	\$ 3,750
2-Week STARTER PROGRAM (2): July 23 - August 5, 2017	\$ 3,750
CIT Program: June 21 - August 12, 2017	\$7,700

In order to assure a high quality program and personal attention for the growth and development of your son, we limit the total enrollment for the summer to 220 campers. Be sure to enroll early to guarantee a place for the 2017 season!

Camper Name:	Nickname:
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Parent/Guardian Name(s):

Email Address:

Mailing Address:	STREET	CITY	STATE	ZIP CODE
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Phone Numbers:	HOME	CELL	WORK
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Birth date: m/d/y	Grade entering Fall 2017	Age as of June 30, 2017
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Present School:	Previous Camp Experience:
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How, or from whom, did you learn of Camp O-AT-KA? If parents are separated or divorced, who has custody
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Siblings:	Age _____	School _____	Gender _____
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2017 will be my _____ year at Camp O-AT-KA	Please tell us your t-shirt size: Youth M _____ L _____ Adult S _____ M _____ L _____ XL _____
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DISCOUNTS

EARLY BIRD TUITION PAYMENT PLAN (To obtain 2016 Tuition levels)

A \$1000 initial deposit is due by October 31, 2016 (75% of deposit is refundable until January 1, 2017) and will be applied towards your 2017 tuition. The remaining balance will be due in four equal payments ending in March 2017.

November 15, 2016	January 15, 2017	Feb. 15, 2017	March 15, 2017
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Tuition payments are refundable until May 1, 2017, less the deposit (75% of deposit is refundable until January 1, 2017).

Checks may be made payable to "Camp O-AT-KA". Major credit cards are accepted.

REGULAR TUITION PAYMENT PLAN

The contract must be accompanied by a \$1000 deposit, which will be applied towards your 2017 tuition.

Regular tuition payments can be made with 3 equal payments. Any families interested in our 8-payment plan (October – May) please contact camp

Schedule for the three payment plan

January 15, 2017	February 15, 2017	March 15, 2017
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Tuition payments are refundable until May 1, 2017, less the deposit.

Checks should be made payable to "Camp O-AT-KA". Major credit cards are accepted.

CERTIFICATION OF PARENT OR GUARDIAN

So that Camp O-AT-KA may provide each child maximum opportunity for personal development, I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to his happiness or that of other campers. I give Camp O-AT-KA permission to use photos of my son in Camp publications. I agree that in the event this application is accepted and a place reserved for him at Camp O-AT-KA, he will remain in the Camp until the end of the designated period, unless he is dismissed by the Camp authorities for misconduct or for cause considered sufficient by the Camp. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of Camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the unexpired portion of the term.

It is my sincere wish that my son enjoy the experience afforded boys at the Camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating, or archery, etc., may involve hazards for which the Camp cannot be held responsible. In the event of apparent serious illness, I wish my child sent to a reliable hospital and skilled medical aid called at once, for which charges I shall be responsible. I authorize the medical designates of the Camp to administer any urgent or emergency treatment considered necessary by the Camp physician or medical assistants. I desire that notification of such illness be sent to me by prompt means of communication. I give Camp O-AT-KA permission to take my son on trips for off-site activities with other campers and authorize Camp O-AT-KA staff to sign any release of liability statements for my son required by vendors for such activities.

Camp O-AT-KA reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp O-AT-KA also reserves the right to decline to accept an application.

I enclose the registration fee and agree to pay my son's full tuition within the terms stated in the enrollment information.

Parent or Guardian's Signature:	Printed Name:
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Date:

PLEASE USE THIS FORM TO PAY BY CREDIT CARD

Name on credit card:	Amount to be charged: \$	
Credit card number:	CSV: (3 digit)	Expiration date:
Signature:		

For Office Use Only

Date:	Deposit Paid:	Check Number:
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