



CAMP EAGLE HILL

Enrollment Application For Younger Campers

To Enroll: Please complete both sides of this form. Sign and date the back of this form before returning it. Agreement subject to conditions on reverse side.

Camper Information

- 1) Camper's Name _____ Session Full July August
 Boy Girl Birthdate _____ Present school grade _____
 Number of years attending Eagle Hill (including upcoming year) _____
- 2) Camper's Name _____ Session Full July August
 Boy Girl Birthdate _____ Present school grade _____
 Number of years attending Eagle Hill (including upcoming year) _____
- 3) Camper's Name _____ Session Full July August
 Boy Girl Birthdate _____ Present school grade _____
 Number of years attending Eagle Hill (including upcoming year) _____

Camper Address

Camper lives with Both parents Mother Father Guardian(s)
 Home Address (Street) _____
 City, State, Zip Code / Country _____
 Home Telephone () _____

Parent Information

Father's or Guardian's Name _____
 Employer's Name _____
 Business Address _____
 Business Telephone () _____ Cell Phone () _____
 Email Address _____

Mother's or Guardian's Name _____
 Employer's Name _____
 Business Address _____
 Business Telephone () _____ Cell Phone () _____
 Email Address _____

Payment Schedule / Credit Card Payments (MasterCard, Visa or American Express)

The undersigned agrees to pay Eagle Hill's tuition by either check or credit card (MasterCard, American Express or Visa) as follows:

- 1st payment: \$2,500 with Application Form
- 2nd payment: additional \$1,000 by January 1st (or balance for our August session)
- 3rd payment: additional \$1,000 by March 1st
- 4th payment: Balance by June 1st

Enclosed is the minimum deposit of \$2,500 per camper. Please enroll the above named camper(s) in the checked session for the 2017 camp season if space is available at the time the application is received.

Check Enclosed. (Please make payable to *Camp Eagle Hill*.)

Charge credit card below in accordance with the camp's payment schedule.

Credit Card Information

Credit Card Number _____
 Expiration Date _____
 Billing Address _____
 City _____ State _____
 Zip Code _____
 Name on Card _____
 Signature _____

Summer Office

PO Box 12
 Elizaville, New York 12523
 Phone (518) 537.4000 • Fax (518) 537.6800

Winter Office

33 Barclay Road
 Scarsdale, New York 10583
 Phone (914) 725.4876 • Fax (914) 725.3311
 Director Jesse Scherer

Website www.campeaglehill.com

Email summer@campeaglehill.com

ACA Accredited

2017 DATES AND RATES

CAMPERS (1st — 4th) Grade

FULL SEASON (June 24 – August 5)	\$8,000
JULY (June 24 – July 22)	\$5,250
AUGUST (July 22 – August 5)	\$2,750

VISITING DAY

(For full season and July Session campers)
Saturday, July 15

INTERNATIONAL CAMPERS Expense Package

(Mandatory Fee)

This covers round trip airport transportation, weekly phone calls home, weekly trips spending money, two camp t-shirts, a camp laundry bag, same day laundry service, linen rentals, routine doctor visits.

See other side for package rates for different age groups and different sessions.

International Campers Expense Package Rates

	ALL AGES
FULL SEASON (6 weeks)	\$415
JULY (4 weeks)	\$330
AUGUST (2 weeks)	\$295

Spending money for all day trips is included.

CEH T-Shirts (for international camper only)

This package includes two t-shirts for each enrolled camper. Please check the size(s) needed for your camper(s):

- Size Youth Medium Men's medium
 Youth Large Men's large
 Men's small Men's x-large

Sibling Information

Name _____ Birthdate _____ Grade _____
Name _____ Birthdate _____ Grade _____

Emergency Information

Name of emergency contact other than parent(s) _____
Emergency contact's relationship to camper _____
Emergency contact's phone number () _____

TERMS OF ENROLLMENT

1. Camper tuition includes round trip transportation from the Metropolitan New York area, (except for airport pick-ups) laundry service, food service, refreshments served in the camp's Canteen, and all camp activities including day trips taken from the camp facility. (all transportation and activity admissions during these trips are covered within camper tuition fees) The Camp reserves the right to offer other programs or services to families on an individualized basis for an additional fee. If necessary, the Camp will transport campers to and from any of the New York Metropolitan area's airports or from Albany, New York. Transportation to or from any of these airports can be provided for a one-way charge of \$150 or \$300 for round trip transportation.
2. All money received is fully refundable until March 1, 2017. Cancellations between March 1 and April 15th, 2017 are subject to a return of 50% of all money received. There will be no refund of monies received after April 15, 2017. It is understood that no reduction, refund, or allowance will be made except where a new camper joins us as described below in clause #3, for late arrival of a camper to camp, or early departure of a camper from camp. It is further understood that the Camp reserves the right to dismiss any camper whose condition, conduct, influence, or behavior, is deemed by the Camp to threaten, or be detrimental to, the Camp, its property and/or members of the camp community. Should dismissal of a camper occur, no reduction or return of collected fees, or any part thereof, will be made.
3. For new campers experiencing their first summer at Camp Eagle Hill, there will be a first ten day period of time within which, if for any reason a child should return home, the camp will retain a sum of one half of all money considered by the camp as "payment in full" for the camper's enrolled session. A refund of the balance beyond this amount will be made.
4. The parent or legal guardian enrolling a child at Camp Eagle Hill acknowledges that the child is accepted in the camp program subject to a complete examination by a physician and the receipt by the Camp of a Camp Medical Form outlining any physical/emotional conditions or limitations.
5. The Camp is not responsible for campers' equipment or personal belongings while in transit or at camp.
6. A signature on the Camp's application form grants to Camp Eagle Hill the permission to use any photograph, video or audio footage, likeness, or thoughts expressed during a camp sponsored interview in which the enrolled camper may appear, or take part in (regarding an interview). This permission shall extend to the Camp while the enrolled camper is actually at camp, or while the camper is participating in any camp sponsored activity (i.e.: a camp reunion) during the full year preceding or following the camper's actual participation in the camp program at the camp facility. All photographs, video or audio footage, likeness, or thoughts expressed during an interview, may be used on an Internet Website, for advertising, or other commercial purposes.
7. Monetary deposits and tuition balance payments will be credited toward a full tuition fee which is due by June 1st. The Camp reserves the right to charge up to 1.5% interest monthly on any unpaid balances after June 1st.
8. The parent or legal guardian and enrolled camper(s) agree to abide by all rules and regulations set by the Camp for the health, safety, and welfare of the children and staff at camp. Such rules and regulations may be provided in publications to camp families or provided to the campers while at camp itself.
9. 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 Columbia County, NY and shall be construed in accordance with the laws of New York State.
10. A signed enrollment form provides the enrolled camper(s) the permission to participate in all camp activities including those that take place off the grounds of camp and require transportation provided by the Camp. Restrictions on certain activity, or prohibitions from inclusion in any activity, need to be noted on camp provided Medical, Confidential Information forms or Activity Permission forms.
11. **PERMISSION IS GIVEN TO THE CAMP DIRECTOR OR MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR, TO HAVE THE CHILD/CHILDREN ENROLLED ON THIS FORM, SEEN BY A PHYSICIAN IN A PHYSICIAN'S OFFICE OFF THE GROUNDS OF CAMP, OR AT THE HOSPITAL, WHEN DEEMED NECESSARY. PERMISSION IS FURTHER GIVEN TO A PHYSICIAN SELECTED BY THE CAMP DIRECTOR IN THE EVENT OF SURGICAL OR MEDICAL EMERGENCY, TO PROVIDE HOSPITALIZATION, SECURE PROPER TREATMENT FOR, AND ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR THE ENROLLED CHILD/CHILDREN NAMED ON THIS APPLICATION FORM.**

Please fill in this information below!

1st Enrolled Child's Name _____ Date of Birth _____
2nd Enrolled Child's Name _____ Date of Birth _____
3rd Enrolled Child's Name _____ Date of Birth _____

I have read the above terms. I am financially responsible for all fees incurred and agree with all terms of this enrollment agreement.

Parent's or Legal Guardian's Signature _____ Date _____