



# Camp Susquehannock 2017 CIT Application

Mail to: The Susquehannock Camps, 2308 Tripp Lake Road, Brackney, PA 18812  
Please Print

Questions with \* are required

\*  Male  Female

\_\_\_\_\_ \* Full Name of Camper (Last, First) Nickname

\_\_\_\_\_ \* Date of Birth (MM/DD/YYYY) \* School Attending \* Grade completed by July 1, 2017

\_\_\_\_\_ \* Name of Parents/Guardians

\_\_\_\_\_ \* Home Address City State Zip

\_\_\_\_\_ \* Parents/Guardians Preferred Phone(s)  Home  Cell  Work  Other Camper's Email

\_\_\_\_\_ \* Parents/Guardians Preferred Phone(s)  Home  Cell  Work  Other \* Parent/Guardian's Email

\* Camper resides with (check appropriate items)

Both parents (same household)  Both parents (separate households)  Father  Mother  Other (please specify)

\* **Person responsible for Camper's bill:** \_\_\_\_\_

Name Relationship to Camper

\_\_\_\_\_ Address City State Zip

\_\_\_\_\_ Home Phone Work Phone Cell Phone

\* **An Emergency Contact (other than Parent/Guardian):** \_\_\_\_\_

Name Relationship to Camper

\_\_\_\_\_ Address City State Zip

\_\_\_\_\_ Home Phone Work Phone Cell Phone

\* Camper wears what size t-shirt?  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  Adult X-Large

Does the camper have brothers and/or sisters?  YES (please list below)  NO

1. \_\_\_\_\_  
Child's Name Age

2. \_\_\_\_\_  
Child's Name Age

3. \_\_\_\_\_  
Child's Name Age

Does camper have previous camp experience (not including Camp Susquehannock)?  Yes  No

Name of previous camp \_\_\_\_\_ # of years attended \_\_\_\_\_ Overnight or Day? \_\_\_\_\_

\* My child works/plays well with others in school and other situations (select all that apply)  Own age  Older  Younger

\* Describe your child's personality \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* What is the main purpose in sending your child to Camp Susquehannock? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Is there any special sport or activity you wish to have emphasized?  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Does your child have any special interests, aptitudes or abilities?  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Please note any other special information that we should be aware of (Including special needs i.e. medical issues, allergies, and/or social/physical conditions that require attention. Include any changes this past year that may have impacted your child socially or emotionally).

Please check:

Medical Condition  Life threatening allergy  Mild allergy  Medication  Family tragedy  Other  None

Please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Session Options and Payment Arrangements** We accept VISA, MasterCard, Discover, Money Orders and checks made payable to Camp Susquehannock. Deposits are \$1000.00 and must accompany application and paid in full by April 30, 2017. Any additional days will be prorated.

**Tuition Reductions:**

- **Early Bird** discounted rate applies with a \$1000.00 deposit received prior to 10/31/16 and tuition payment in full by 4/30/2017.
- **Regular rates** apply with deposits received after 10/31/2016 or if special rate tuition balances are not paid in full by 4/30/2017.
- Sign up a new camper (in addition to your own) or a new sibling, and receive an **additional 10% reduction in tuition for each \*new camper recruited.** \*New campers are defined as those campers who have not previously attended Susquehannock, are not Counselors in Training (CIT) and are non-scholarship campers (To receive credit, the referral family's name must appear on the back of the new camper's application when submitted with the deposit.)
- **Siblings** will receive a 10% discount on tuition.
- **Active Military Families** will receive a 10% discount for each child.
- **CITs** (Counselors in Training) please use the CIT registration form. CITs must be at least 16 years old or have completed 10<sup>th</sup> grade by the time Camp starts.

<u>Sessions: Please check appropriate boxes</u>	<u>Dates</u>	<u>Early Bird</u>	<u>Regular Rate</u>
Full Season (7 weeks)	(Sun 6/25 – Sat 8/12)	<input type="checkbox"/> \$5370.00	<input type="checkbox"/> \$5625.00
First Session (3.5 weeks)	(Sun 6/25 – Tues 7/18)	<input type="checkbox"/> \$3139.00	<input type="checkbox"/> \$3292.50
Second Session (3.5 weeks)	(Thurs 7/20 – Sat 8/12)	<input type="checkbox"/> \$3139.00	<input type="checkbox"/> \$3292.50

**Optional Programs:**

**Horseback Riding** (Offered at \$45.00 per lesson.)

- 20 lessons (Full Season campers ONLY)  \$900.00      10 lessons  \$450.00  
 6 lessons  \$270.00                                      3 lessons  \$135.00

\*Does camper have parent permission to jump?  YES  NO      \*(subject to approval of the instructor)  
 Does your child have previous riding experience?  YES  NO      If yes, please describe \_\_\_\_\_

**Tutoring** (Offered at a rate of \$45.00 per lesson for each subject). Select a maximum of two from the following subjects: Math (Specify course and level), Language Arts (Specify: Grammar, Writing, Conversation, Reading) Spanish, or ESL – English Second Language (only offered 3x/week). Other subjects MIGHT be available upon request. (We strongly suggest that first time campers who do not speak English as their first language, should sign up for ESL)

First Named Subject: \_\_\_\_\_ Second Named Subject: \_\_\_\_\_

Number of lessons listed in ( ) next to price

- Full Season  \$900 (20)                                      Full Season  \$900 (20)  
 First Session  \$450 (10)                                      First Session  \$450 (10)  
 Second Session  \$450 (10)                                      Second Session  \$450 (10)

**Transportation:** Please CHECK dates as needed. **ALL CAMPERS ARE EXPECTED TO ARRIVE ON DATES INDICATED BELOW.**  
**IF OTHER DATES ARE NEEDED, PARENTS MUST MAKE ALL NECESSARY ARRANGEMENTS.**

✓ Venue	Arrival	Departure	Session	Cost
To/From Plymouth Meeting Mall	Sun 6/25	Sat 8/12	Full	\$60.00 each way
To/From Plymouth Meeting Mall	Sun 6/25	Tues 7/18	1	\$60.00 each way
To/From Plymouth Meeting Mall	Thurs 7/20	Sat 8/12	2	\$60.00 each way
Domestic Flights must arrive/depart at the Greater Binghamton Airport (BGM)	Sun 6/25	Sat 8/12	Full	\$40.00 each way
Domestic Flights must arrive/depart at the Greater Binghamton Airport (BGM)	Sun 6/25	Tues 7/18	1	\$40.00 each way
Domestic Flights must arrive/depart at the Greater Binghamton Airport (BGM)	Thurs 7/20	Sat 8/12	2	\$40.00 each way
International Flights To/From Newark	Sat 6/24	Sat 8/12	Full	\$150.00 each way
International Flights To/From Newark	Sat 6/24	Tues 7/18	1	\$150.00 each way
International Flights To/From Newark	Wed 7/19	Sat 8/12	2	\$150.00 each way

**Bedding: International campers ONLY.** 1<sup>st</sup> session  \$70.00      2<sup>nd</sup> session  \$70.00      Full season  \$140.00

**Payment:** If paying with credit card, please fill in information below.

<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> Master Card
<b>Account Number:</b> _____	<b>Expires:</b> _____	
<b>Amount:</b> _____	<b>Authorized Signature:</b> _____	
<b>Cardholder's Name:</b> _____		
<b>Billing Address for card:</b> _____ _____ _____		
<input type="checkbox"/> Charge balance on this card on 4/30/2017		
<input type="checkbox"/> Call me before charging my card on 4/30/2017		

**Do you have any friends who might be interested in Camp Susquehannock?**

1. \_\_\_\_\_
- |                           |     |           |
|---------------------------|-----|-----------|
| Child's Name              | Age | Telephone |
| _____                     |     |           |
| Parent's Name and Address |     |           |
| _____                     |     |           |
2. \_\_\_\_\_
- |                           |     |           |
|---------------------------|-----|-----------|
| Child's Name              | Age | Telephone |
| _____                     |     |           |
| Parent's Name and Address |     |           |
| _____                     |     |           |

**\* How did you hear about Camp Susquehannock?**

Camp Fair (Location) \_\_\_\_\_ Camp Directory (name): \_\_\_\_\_

Referral Agency (name): \_\_\_\_\_

Susquehannock Website  Yes  No Other Website (address): www. \_\_\_\_\_

Person:  Camp Staff  Camper/Family  Alumni (name): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Authorization, Release and Waiver:**

*I hereby give permission for my child/camper to participate in all camp activities and programs, including out-of-camp trips and "extra" activities, such as horseback riding. I authorize Camp Susquehannock Inc. to use photographs and video media of my child as may be needed for its records or public relations programs.*

*The first \$300.00 is a non-refundable administrative processing fee. All other payments are refundable before May 1, 2017. Payment in full must be received prior to admittance. Medical information and releases are also required to be submitted prior to admission. If a camper arrives late, leaves early or is dismissed for any reason, there will be no refunds. There are additional charges for extra days and airport transportation, bedding, tutoring or horseback riding.*

*I, individually, and on behalf my child/camper, further assume all risk of, and do hereby release, discharge, and hold harmless Camp Susquehannock Inc., its directors, officers, agents and employees (Collectively, "the Camp") from and against all liability for loss, damage, injury (including death), or illness to the camper or his/her property relating to or deriving from his/her presence at camp, engaging in any and all camp activities, and travel to or from camp, **including, to the fullest extent permitted by law, injury or damage caused by the Camp's negligence.***

*This Authorization, Release, and Waiver shall be governed and interpreted by the laws of the Commonwealth of Pennsylvania, excepting its choice-of-law rules, and any legal action arising from this Authorization, Release, and Waiver and/or related camp activities shall be subject to the exclusive jurisdiction of the courts of Susquehanna County, Pennsylvania.*

***I have read and understand the contents of this authorization, release and waiver including payment, refund and cancellation policy and intend to be legally bound by them.***

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Camper Pick Up and Release Authorization

Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_

Please select one of the options below and fill in the blank as necessary:

- The child mentioned above may ONLY be picked up by a parent or guardian listed on their registration form.
- The child mentioned above may be picked up by the following people (do not forget to list relatives, friends etc.)

\_\_\_\_\_

If there are any safety or custodial issues The Susquehannock Camps need to know about, please share with us and provide appropriate documentation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_