

IMPORTANT – Please sign and date. Thank you.

TRANSPORT PERMISSION: I give permission for the TEATOWN LAKE RESERVATION SUMMER CAMP STAFF to transport my child when necessary.

Signature of Parent / Guardian _____ Date: _____

RELEASE STATEMENT: I hereby release the Executive Director and all employees of TEATOWN LAKE RESERVATION from all claims of liability for any damages or injuries that may be sustained while my child is in camp.

Signature of Parent / Guardian _____ Date: _____

PHOTO RELEASE: I hereby give permission for my child’s photograph to be used in TEATOWN LAKE RESERVATION’S SUMMER CAMP publications and for advertising and promotions.

Signature of Parent / Guardian _____ Date: _____

RELEASE OF MINORS: All campers are released at the end of the program to parent / guardians. NO CHILD WILL BE RELEASED TO ANOTHER PERSON WITHOUT A WRITTEN RELEASE FORM FROM THE PARENT GUARDIAN. Please sign to confirm your understanding.

Signature of Parent / Guardian _____ Date: _____

REFUND POLICY. Withdrawal from camp prior to June 15, 2012, refunded total fee less 25% administrative costs. No refund for any reason after June 15, 2012. I understand and agree to abide by these terms.

Signature of Parent / Guardian _____ Date: _____

Every child enrolled in camp will receive one free Camp T-shirt. Please indicate size:

Child S (6 - 8) _____ Child M (10-12) _____ Child L (14-16) _____ Adult M _____ Adult L _____ Adult XL _____

PAYMENT: Camp financial assistance may be available. Please call (914) 762-2912 ext. 135

CAMP FEE _____ Sessions x \$ _____ per session _____ **Camp**

EXTENDED CARE _____ Weeks x \$30 (7:45-8:45am) _____ **Morning**

_____ Weeks x \$70 (3-5:30pm) _____ **Afternoon**

MEMBERSHIP/Renewal Family \$75, Sustaining \$100, Supporting \$150, Sponsor \$250+, Teatown Lake Circle \$1,000+ _____ **Membership**
(Please fill out membership form)

EXTRA T-SHIRTS Child - S _____ Child - M _____ Child - L _____ _____ **Extra tee**
\$10.00 each Adult - M _____ Adult - L _____ Adult - XL _____

TOTAL ENCLOSED: _____ **TOTAL**

Check # _____

Credit Card: ___ MC ___ Visa ___ Discover ___ AmEx

Card # _____ Exp. Date _____ Card Code _____

Name on card: _____ Camper’s Name _____

See Also (Sibling[s]) _____

MAIL with Fee to: Teatown Lake Reservation, 1600 Spring Valley Road, Ossining, NY 10562

★ If you wish to have your child in a group with a friend, please write the friend’s name here:

Requests will be honored if possible and at the discretion of the director.

★ Please check here if you would like your contact information released to other camp families for carpooling purposes