

# 2018 SAM Camp for Girls at Oakwood Friends School

(Girls entering grades 6-10)

2 Sessions: July 23-27 and July 30-Aug 3

## CAMPER INFORMATION

Camper Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade next Fall \_\_\_\_\_  
Name of Camper's School \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Evening Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (different than parent/guardian above)

Name \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Phone Number \_\_\_\_\_

## HEALTH INFORMATION

Physician Name \_\_\_\_\_  
Physician Telephone Number \_\_\_\_\_

My camper has the following health issues, concerns and/or special needs: (consider allergies, physical and mental health, behavior or emotional problems and anything else that will help us serve this student better.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication this camper is taking currently \_\_\_\_\_  
Will they be taking this medication during the camp day? \_\_\_\_\_

Where did you hear about our camp? \_\_\_\_\_

Please describe some of the interests and/or strengths of your camper \_\_\_\_\_  
\_\_\_\_\_

## POLICIES AGREEMENT

RELEASE/WAIVER: I hereby agree to indemnify and hold harmless Oakwood Friends School and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in Oakwood Friends School Summer Camp programming. Further, I authorize Oakwood Friends School personnel to seek emergency medical help if this becomes necessary. I realize that Oakwood Friends School personnel makes safety their first priority. However, in the event of a medical emergency involving my child, I realize that every effort will be made by Oakwood Friends School to contact me as quickly as possible and I agree to indemnify and hold harmless Oakwood Friends School personnel in seeking medical care for my child.

## TUITION PAYMENT & REFUND POLICY

Camp tuition is \$350. To reserve a space in Oakwood's Summer Science Camp, a \$50 deposit may be submitted. Payment in full must be received by June 29<sup>th</sup>, 2018 to assure your child's placement in our camp. Payment in full before May 1<sup>st</sup>, 2018 is eligible for a \$20 discount. Camp deposit/tuition will be refunded if you withdraw IN WRITING according to the following schedule: 75% refund for withdrawals 15 business days prior to the first day of camp; 50% refund for withdrawals 10 business days prior to the first day of camp; 25% refund for withdrawals 5 business days prior to the first day of camp. Withdrawals 4 business days prior to the first day of camp are not eligible for a refund.

<u>Session 1 tuition</u> July 23 <sup>rd</sup> to July 27 <sup>th</sup>	\$350		<b>SAM Camp tuition includes all supplies for demonstrations and activities, healthy snacks and lunches in the Oakwood dining hall.</b>
<u>Session 2 tuition</u> July 30 <sup>th</sup> to Aug 3 <sup>rd</sup>	\$350		
Optional after camp activities 3-5pm	\$10/day (Mon-Thurs)*		
SUBTOTAL			
Discount for registration by May 1st	-\$20		
Other discount (siblings, enrolled OFS students, etc)	please inquire		
TOTAL			

\*Please note: Friday afternoon is an open house / science fair for parents and friends from 1:30-3 pm. There is no after camp on these days.

PHOTO/VIDEO RELEASE:

During SAM Camp, photos and video clips will be taken of participants. These images may be used in future SAM Camp publications such as a website, Facebook page, brochures, or other media. Student names or personal information will not be included in any such pictures or publications. By initialing the box, you are giving SAM Camp permission to take photos and/or video clips of your child for the purposes stated above and that you do not expect, nor require, any financial remuneration for the reproduction or sale of such photos now or in the future.

TRIP CONSENT:

By initialing this box, I hereby give consent to SAM Camp to take my child on trips and special excursions in the Oakwood buses. I understand that such trips are under the supervision of authorized personnel of the SAM Camp staff, and that all possible precautions are taken to insure the health and safety of all participants.

SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

Please check boxes and compute your total tuition

Payment:

- Check is enclosed, payable to **“Oakwood Friends School”**
- Please email me a link to pay with a credit card

(SAM Camp processes credit cards through the Oakwood Friends School PayPal account and can accept Master Card, Visa or American Express for a small processing fee.)

Please mail or deliver this form along with payment to:

**Oakwood Friends School**  
 Attention: **SAM CAMP**  
**22 Spackenkill Road**  
**Poughkeepsie, NY, 12603**

Further questions please contact Sue Cianfrani at Oakwood Friends School via 845-462-4200 ext 353 or [samcamp@oakwoodfriends.org](mailto:samcamp@oakwoodfriends.org)