

Camp Maud Isbell Berger

2011 CAMPER REGISTRATION FORM

TERMS OF ACCEPTANCE OF CAMPER BY CAMP BERGER

1. **WEEKLY FEE \$300.00 (Overnight Camp); \$150.00 (Day Camp for Children in the Winsted/Torrington area);** COUNSELOR IN TRAINING (CIT) for 2 weeks \$600.00 – each payable in full two weeks before the start of the camp period. **A late fee of \$25.00 will be charged for late payments.**

Any period not paid for two weeks in advance **will be considered cancelled. Campers who arrive at Camp who have not paid the full period's fee will only be accepted after 3:00 P.M. Sunday if openings are available.**

2. It should be understood that minor illness, homesickness, or change of parent's plans are not considered sufficient grounds for refund of Camp fee.
3. Any request or adjustments must be made within 30 days after the child leaves the Camp. Any problems arising during the camping season should be reported immediately to the Camp Director or the Chairman of the Board of Trustees. Do not wait until the end of the camping week.
4. **The Camp will not assume liability for loss or damage of the property of campers. Particularly valuable watches, cameras, fishing gear, hand held computer games, etc. should not be brought to Camp! Anyone who defaces or causes destruction to Camp property will be expected to pay for such damages.**
5. Smoking, the use of alcohol or drugs are prohibited and considered cause for dismissal of a camper.
6. Campers whose behavior seriously interferes with a positive Camp experience for other campers may be subject to dismissal.
7. I give permission for pictures of my child to be used in camp brochures, slide shows, TV and/or newspaper publicity.
8. **CABIN ASSIGNMENTS will be based solely on age and the judgment of the Camp staff as to the best cabin groups for each period. Because of capacity enrollment, we are no longer able to accept special requests for cabin placement. Please do not ask for changes in cabin assignments. Thank you for your cooperation.**
9. **If applying for Care4Kids, information must be turned in two weeks prior to desired camping season.**

PLEASE PRINT

Camper's Name Age (at Camp) Date of Birth Phone

Address City State Zip

Boy Girl Attend C.Berger prior to 2010? Yes No No. of years before 2011 Grange Family? Yes No

Junior Grange member? Yes No (Grange membership/affiliation not required to attend camp) School Grade (Completed 6/10)

Father's Name Bus. Phone Mother's Name Bus. Phone

Emergency Phone: Who to contact other than those listed?

Where did you hear about Camp Berger? Friend Camper Newspaper (please name paper)

Poster Brochure Website Other

CAMP SESSIONS DESIRED: (Please Check)

Regular Camp (ages 7-14, age 7 as of July 1, 2011)

___ 1 – July 10-16 ___ 2 – July 17-23 ___ 3 – July 24-July 30 ___ 4 – July 31-Aug. 6 ___ 5 – Aug. 7-13

Day Camp (ages 7-10, age 7 as of July 1, 2011)

___ 1 – July 10-16 ___ 2 – July 17-23 ___ 3 – July 24-July 30 ___ 4 – July 31-Aug. 6 ___ 5 – Aug. 7-13

Counselor-In-Training Program (age 15 who have completed 9th grade) Note: Mail to address below. Must be 15 by July 1, 2011.

Full 2 weeks only – C.I.T.'s may **NOT** split weeks. (Please Circle) 2 week Session 1 – July 17-30 2 week Session 2 – July 30 - Aug. 13

Note: C.I.T.'s are for overnight camp only

ENCLOSED, please find **\$50.00 for Each Camp Week registered.** I hereby give my permission for the above applicant to attend Camp Maud Isbell Berger and believe this child to be fully qualified physically, mentally, and morally for Camp life and is 7 years old by July 1st. I agree to have him or her participate in all phases of program subject to all its rules and regulations, including the terms printed above and understand that this registration fee is non-refundable but is applied to the total fee. Balance must be paid two weeks in advance of arrival. NOTE: Late fee of \$25.00 for late payments.

***Please make checks payable to: Camp Berger** and mail Campers and CIT registration forms and fees to:

Dorian Lockett (Director), P.O. Box 181, Winchester Center, CT 06094

Signed (Parent or Guardian) Date