



Camper Application

Legal Guardian #1 Information

First Name: _____

Last Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Legal Guardian #2 Information:

First Name: _____

Last Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Family Status:

Parents' Marital Status:

- Married Divorced Separated Single Widow Domestic Partnership

Camper Custody:

- Joint Mother Father Grandparent Foster Parent Other

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Directions:

The following pages are to be filled out for each individual child attending Mountain Creek Day Camp.

Camper Information:

First Name: _____

Last Name: _____

Birthday: ____ / ____ / ____

Gender: M F

Grade: _____ School District: _____

Shirt Size: _____

Work Phone: _____

E-mail: _____

Week Rates and Sign up:

Mountain Creek Day Camp is rated at a per week rate of \$320. Discount offered for full 6-week program sign up at a rate of \$1700. 10% off when two or more siblings are enrolled for the same weeks.

- | | | |
|---|--|--|
| <input type="checkbox"/> Week 1 (July 10 th -14 th) | <input type="checkbox"/> Week 2 (July 17 th -21 st) | <input type="checkbox"/> Week 3 (July 24 th -28 th) |
| <input type="checkbox"/> Week 4 (July 31 st -Aug 4 th) | <input type="checkbox"/> Week 5 (Aug. 7 th -11 th) | <input type="checkbox"/> Week 6 (Aug. 14 th -18 th) |

Extended Care:

Mountain Creek Day Camp offers extended hours before and after camp from 7:00a.m.-9:00a.m. and 4:00p.m.-6:00p.m at a rate of \$30 per week.

Use of Morning Extended Hours (Y/N): _____

Use of Evening Extended Hours (Y/N): _____

Emergency Information:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

(These persons have permission to transport my child to and from camp.)

Please provide us with the following information:

1. Any known physical conditions of camper: _____
2. Any known mental conditions of camper: _____
3. Any known allergies of camper: _____
4. Any known medications taken by camper: _____
5. Any other information regarding family or health that would help us: _____

Name, address and phone number of Physician: _____

6. Should camper be excluded from any camp activities? Explain: _____

ATTENTION PARENTS: All immunization dates must be filled out each summer. Please do not write, "all up to date." This is very important information that is needed for the State of New Jersey. Thank you for helping us to comply with State regulations.

DPT 1) ____/____ 2) ____/____ 3) ____/____ 4) ____/____ 5) ____/____ 6) ____/____

POLIO 1) ____/____ 2) ____/____ 3) ____/____ 4) ____/____ 5) ____/____ 6) ____/____

HEP-B ____/____

MMR 1) ____/____ 2) ____/____

Measles ____/____

Mumps ____/____

Rubella ____/____

HIB 1) ____/____ 2) ____/____ 3) ____/____ 4) ____/____

TB 1) ____/____ 2) ____/____

Latest Tetanus (must be completed) _____

Emergency Release: After attempts to reach me have not been successful, I give permission to the Physician selected by the Director, Health Director, or First Aid staff of Mountain Creek Resort, Inc. t/a "Mountain Creek Day Camp" to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature of Parent or Guardian

Date

Mountain Creek Resort, Inc. t/a "Mountain Creek Day Camp" Parental Consent

By registering your child at Mountain Creek Day Camp, it is assumed that you have read and agree to the following.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I authorize the health director to administer over-the-counter medications to my child if it is deemed in the best medical interest of my child. Such medications include, but are not limited to: Benadryl in case of an emergency allergic reaction, Tylenol for pain or fever, Robitussin for sore throat or cough. I understand that certain topical over-the-counter medicines such as Bactine, Caladryl, and Benzocaine are used for bee stings, poison ivy, bug bites, abrasions, and other minor skin irritations. I give permission to use these as necessary. If any medicines are unacceptable I will notify Mountain Creek Resort, Inc. t/a "Mountain Creek Day Camp" in writing.
2. I also give permission for Mountain Creek Resort, Inc. t/a "Mountain Creek Day Camp" to apply sunscreen and bug spray (supplied by the parent) to my child as needed throughout the camp day. If any sunscreen or bug spray is unacceptable, I will notify Mountain Creek Day Camp in writing.
3. I further understand that Mountain Creek Day Camp cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by a specific written authorization from the prescribing physician.
4. I also understand that Mountain Creek Day Camp reserves the right to dismiss any camper when it is deemed necessary by the director to be in the best interest of the child or the camp. There will be no refunds for campers dismissed for disciplinary reasons.
5. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by Mountain Creek Resort, Inc. t/a "Mountain Creek Day Camp" to hospitalize secure proper treatment for and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted if possible.
6. I understand that I, or another individual who is approved to pick up my child from camp, may be asked to show photo ID in order to secure the release of my child from Mountain Creek Day Camp.
7. I understand that Mountain Creek Day Camp is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
8. My child has permission, without restriction, to participate in all meals, snacks, regular and special programming, including transportation, unless I notify the camp otherwise in writing.
9. **FULL RELEASE AND INDEMNITY AGREEMENT.** To the fullest extent permitted by law, I fully release Mountain Creek Resort, Inc., its agents, servants and assigns from any claim or liability that I may have now or in the future as a result of or arising out of my child's participation in Mountain Creek Day Camp or use of any of the property owned or controlled by them on behalf of myself or of my child. To the fullest extent permitted by law, I also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS Mountain Creek from any and all claims, suits, costs and expenses including attorneys' fees for personal injury, death or property damage against it by me or third parties arising or allegedly arising out of or resulting from my conduct or my child's conduct participating in Mountain Creek Day Camp or use of any property owned or controlled by Mountain Creek Resort, Inc. whether or not MOUNTAIN CREEK'S NEGLIGENCE contributed thereto in whole or in part.
10. I AGREE that any and all disputes between me and Mountain Creek will be GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY and the EXCLUSIVE JURISDICTION there will be in the state or federal courts of THE STATE OF NEW JERSEY and venue in the state court shall be in Sussex County, N.J.
11. I authorize Mountain Creek Resort, Inc. t/a "Mountain Creek Day Camp" to transport my child in a Mountain Creek Day Camp van, car, shuttle, or other vehicle on Mountain Creek Day Camp property for activities.
12. I understand that campers are not permitted to use cell phones and other electronic devices at camp during camp activities. I have discussed this with my child and we will comply with this policy.
13. I have read the enclosed Parent Handbook and understand all policies and procedures set for Mountain Creek Day Camp. I will abide by these policies and procedures and will review them with my child _____ (name of child). I support Mountain Creek Day Camp in its

enforcement of these policies and procedures.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Restrictions

We are not responsible for the loss or replacement of Cell phones, I-pods, electronic type devices, trading cards, etc. If you choose to send your child to camp with a Cell phone, it is understood that the Cell phone must be kept in your child's locker. If your child is ill or should there be an emergency the Camp Director or Camp Nurse will contact the parent directly.

Signature of Parent or Guardian _____

Unless specifically directed by a Court Order the Day Camp Director will not be placed between feuding parents. The Director will contact and have access to either parent should a concern arise. Should either parent become disruptive or adversely interferes with the functioning of the staff or the camper's counselors the Director will have the right to dismiss the child from camp. Our first concern is for the welfare of our campers.

Signature of Parent or Guardian _____

##. **PHOTO RELEASE.** Mountain Creek may record and reproduce my child's image and/or performance for the use in company promotional materials including commercials, travel videos, brochures and any other related materials. Additionally, Mountain Creek shall have the right to distribute the promotional materials to any and all television, video outlets, publishers and/or printers, and that Mountain Creek shall be the sole owner of any/all such materials.

Please check and initial:

I accept the photo release terms. Initial: _____

I do not accept the photo release terms. Initial: _____

GENERAL RELEASE OF LIABILITY

I acknowledge that all the information provided on these forms is accurate and complete and that I have read and understand all the camper registration directions, Mountain Creek Day Camp Policies, fee schedules, regulations, and cancellation & refund policies and that I, and my children, agree to abide by all policies and procedures contained therein and that I HAVE AGREED TO THE GENERAL RELEASE OF LEGAL RIGHTS CONTAINED IN THIS AGREEMENT.

Name of Parent/Legal Guardian (PRINT): _____ Date: _____

Signature of Parent/Legal Guardian: _____