



# Camps Airy & Louise Save-A-Spot Leadership Application for 2020

5750 Park Heights Avenue, Suite 306, Baltimore, MD 21215 PH: 410-466-9010 F: 410-466-0560 E: airlou@airylouise.org

Enrollment is open to Jewish children entering grades 10-12 in FALL 2020

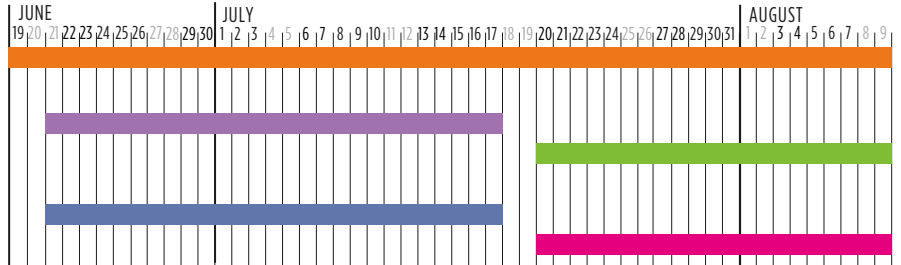
Choose Your Camp  Camp Airy for Boys  Camp Louise for Girls

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

### Choose your Session:

Check the box

- CIT**  **Session: Fri. 6/19 – Sun. 8/9** **\$7175**  
*Entering 12th Grade, Special restrictions apply during turnover*
- CA**  **Session 1: Sun. 6/21 – Fri. 7/17** **\$5805**  
 **Session 2: Mon. 7/20 – Sun. 8/9** **\$4855**  
*Entering 11th Grade*
- ST**  **Session 1: Sun. 6/21 – Fri. 7/17** **\$5805**  
 **Session 2: Mon. 7/20 – Sun. 8/9** **\$4855**  
*Entering 10th Grade*



**FIRST TIME CAMPER INCENTIVE**  Check if eligible for first time camper incentive.  
**\$900 off** Session 1, **\$700 off** Session 2.

**TRAINEE ACTIVITY FEE: CIT: \$225 CA: \$200 ST: \$175**  
*\* The Trainee Activity Fee applies to a wide array of items related to the Leadership program and is added to tuition.*

## Terms of Enrollment

- In accepting enrollment, the Camp reserves a place for the camper. If, for any reason, the enrollment must be cancelled, the Camp must be advised of this in writing with the following understanding: After 2/1/2020, full payment is required at time of enrollment. All tuition payments are refundable until 1/2/2020. Any cancellation on or after 1/2/2020 will incur a \$250 fee. Any cancellation on or after 3/1/2020 will incur a \$750 fee. Cancellations on or after 4/1/2020 will incur a \$1250 fee. Any cancellation on or after 5/1/2020 will incur a \$2000 fee. Cancellations on or after 6/1/2020 are non-refundable.
- The Camp is not responsible for the Camper's equipment or personal belongings - while in transit or at Camp, if lost or damaged by fire, theft, laundry or in any other manner.
- It is clearly understood that this application is accepted subject to a physical examination by a physician within 1 year of arrival at Camp. Camp is herein authorized to contact the authorized physician or any other medical professional prior to recreational and/or Camp placements to gather information.
- It is expressly understood and agreed that if the Camper leaves the Campus without the express permission of the Camp Director, if the Camper damages or defaces Camp property, or if the Camper's conduct or influence is not in the best interest of the Camp, the Camper may be dismissed at the sole discretion of the director with no refund nor reduction of fee. The Camper agrees not to smoke or possess cigarettes, vaping paraphernalia, drugs or alcohol while enrolled in Camp.
- In case of late arrival, dismissal, or withdrawal of the camper for ANY reason whatsoever, there will be no refund for Camp fees for the time reserved. In the event the camper is sent home because of illness or accident and upon orders of the Camp physician, a refund for entire weeks which coincide with regular session dates will be given. No refund will be made for partial weeks.
- Camp reserves the right and responsibility to place Campers according to grade-level and session enrolled as well as readiness standards.
- Camp is herein authorized to use analog and/or digital photographic, audio and/or video reproductions of the camper electronically and in literature for interpretive and marketing purposes, advertising, social media and to participate in research studies by the Camp.
- I hereby give permission for my camper to leave the Camp grounds for Camp programs.
- I hereby give permission for my camper to participate in any and all Camp activities both on and off Camp grounds. I fully understand that some of the activities may include certain inherent risks and additional costs.
- Binding Arbitration: I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Frederick County or Washington County, MD according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state unless Camp, in its sole discretion, selects a different forum. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.
- When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
- IN CASE OF SURGICAL OR MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director or representative to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for camper named above. Every effort will be made by the Camp Administration to immediately contact the parent/guardian in the event of an emergency.

**I understand that my camper's acceptance is not official until written confirmation is received from camp. I have read and understood all the above terms. This application CANNOT BE PROCESSED UNLESS SIGNED BY PARENT/GUARDIAN.**

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

## Payment Options

\$600 Deposit  Pay In Full Help send another child to camp - donate to the Campership Fund:  \$72  \$180  Other: \$ \_\_\_\_\_  
 Pay by Check (payable to Camps Airy and Louise)  Pay by Credit Card (enter information below) **A 1.95% credit card processing fee will be added to all credit card transactions.**

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Visa  Mastercard  AMEX  Discover

Full Name of Cardholder \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Number \_\_\_\_\_

Billing Address/Zip Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

## Camper Information

### Personal Information

Last Name First Name Middle Name

Street Address City State Zip

Home Phone Date of Birth

Male  Female Entering Grade in **Fall 2020** Names of Siblings also attending Camp (if applicable)

### Airy/Louise Directory/Communication Options

Camper's Email Address (if applicable) Camper's Cell Phone (if applicable) School Attending

A **Unit Directory** will be distributed at the end of each session with your child's photo and key contact information to other campers attending camp with your camper. Check here to opt out of your child's inclusion within the Unit Directory:  *Do not include my camper in the Unit Directory.*

New camp families often request contact information for current families of Camps Airy and Louise in order to set up a get together prior to camp with other campers attending at the same time. If you do not wish to be contacted by other families, please check here:  *Do not share information with other families.*

**Invoices for summer 2020 will be sent electronically to the Parent 1 email address.** To receive paper invoices mailed, please check here:  *Please mail invoices.*

## Parent/Guardian Information

### Parent/Guardian 1

Full Name Relationship to Camper (Parent, Stepparent, Grandparent, Guardian...)

Address Email Address

Work Phone Cell Phone Home Phone

### Parent/Guardian 2

Full Name Relationship to Camper (Parent, Stepparent, Grandparent, Guardian...)

Address Email Address

Work Phone Cell Phone Home Phone

**Parent's Relationship**  Married  Separated  Divorced  Widowed  Single

Full Name of Person Responsible for Payment

## Emergency Information

Your emergency contact must be available to come to Camp if necessary. These contacts should be someone other than parents/guardians listed.

Emergency Contact #1 Relationship to Camper Phone Number

Emergency Contact #2 Relationship to Camper Phone Number

**Verification** Please place your initials to the right after double-checking the information you've provided on this form. Thank You.

Initial Here

Official Use Only: PROMO CODE