



CAMP DARK WATERS 2012 REGISTRATION FORM

Please note that enrollment acceptance is conditional upon completion of this entire document, receipt of deposit, and of a complete and accurate Health and Examination Form (a separate form to be sent with your confirmation packet).

One Camper per form. Additional forms may be downloaded at www.campdarkwaters.org

Camper Information

Last Name _____ First Name _____ Birth Date ____/____/____

Another name child goes by _____ Age as of July 1, 2012 _____

Girl ___ Boy ___ Camper's Email _____ Grade Entering Fall 2012 _____

Camper's Primary Address _____ School Name _____

City _____ State _____ Zip _____ Home Phone (____) _____

Name of Guardian(s) at this address _____ If Quaker, note Meeting _____

Parent/Guardian Information

1. Last Name _____ First Name _____ Relationship _____

Address (if different from child) _____ City _____

State ___ Zip _____ Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____

2. Last Name _____ First Name _____ Relationship _____

Address (if different from child) _____ City _____

State ___ Zip _____ Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____

Name/Address/Phone of person to be billed if other than parent _____

Registration (Check all that apply)

Session 1 (June 23 -30) _____ Session 2 (June 30 – July 7) _____ Session 3 (July 7 – 21) _____

Session 4 (July 22 – August 4 Sunday Start) _____ Session 5 (August 4 – August 18) _____ Returning camper? _____

How did you first learn about Camp Dark Waters? (For new families) _____

All of the information on this camper registration form is confidential and will be shared only with the appropriate staff at the camp and the main office. Campers with a variety of physical, mental or emotional conditions have had successful experiences at CDW. In order to provide such successful experiences, however, it is essential that we be made aware of any such physical, mental, or emotional condition that would affect the safety of the applicant, other campers, or the staff.

1. Has your child ever been to overnight camp before (including CDW)? Please describe the experience. If not, has your child been able to articulate any worries about coming to camp?
2. Has your child undergone any major change (a move, birth, divorce, etc) that is affecting his/her life? If so, how is s/he adapting?
3. Has your child seen a psychologist, psychiatrist, therapist or other counseling specialist in the past three years?
 - a) No___ Yes___ When? _____ For how long? _____
 - b) Diagnosis and/or reason for treatment? _____
 - c) Name of current or most recent counselor _____ Phone(_____) _____
 - d) I will arrange for my child's counselor/therapist to release all information available or requested about my child, including but not limited to diagnosis and course of treatment, to the director of CDW. No___ Yes___
4. Does your child have any medical, physical, intellectual or emotional conditions that may affect his/her ability to participate safely, or the safety of others, in the physically active and community-oriented life at CDW? No___ Yes___ If yes, please explain:
5. Does your child take any prescription drugs? No___ Yes___
CDW can only administer prescription drugs in accordance with direction from licensed medical personnel (not the parents or camper). CDW must have either a doctor's written direction or the original labeled bottle of medicine. You must supply the camp nurse with enough medication for her/his time at CDW or make arrangements to ensure that the prescription can be refilled at camp. Please initial that you understand these requirements. Initial _____
6. Will your child be on hiatus from any prescription drugs while at camp? No___ Yes___
If yes, please list the drug(s) and reason for treatment
7. Is there any other pertinent information that we should know about to help us better care for your child?
8. Does your child presently, or has your child in the past, exhibited or suffer from any condition which poses any risk of physical or emotional injury to your child or others? If so, please provide details (you may attach a separate sheet of paper if additional space is necessary)
9. Please mark the all ethnicities your child self-identifies as (optional). This information will only be used to collect diversity data and will play no part of your child's registration process.

___African American ___Asian American ___Caucasian ___Latino/a ___Native American

___Foreign Citizen ___Multi-Racial ___Other _____

The safety and well-being of each participant is of paramount importance to the Camp Dark Waters' staff. All reasonable care and precautions are taken to ensure that a fun and creative community-building experience takes place. The following acknowledgement of risk, release of liability and statement of completeness are important documents for you to read and understand before your child arrives at camp. Please read, sign and date each one.

Responsibility and Release of Liability

My Child/Ward has permission to participate in all camp programs, camp trips and special outings planned and supervised by Camp Dark Waters (CDW). I understand that there might be risks and dangers connected with some of the activities that are conducted at CDW and on trips and special outings away from CDW and I knowingly agree to accept such risks. I understand that the child to counselor ratio at CDW is not 1:1, I have been provided the approximate child to counselor ratio expected for this season, understand that supervision of my child is general in nature and accept any risk associated with it. I have been provided the opportunity to ask any questions concerning all CDW programs, trips and special outings before signing this document. On behalf of myself and my child/ward, I agree as a condition of admission of my child to CDW to release, hold harmless and indemnify CDW, its owners, directors, its employees and volunteers from any liability, actions, claims or demands of any kind or nature, which I or my child/ward have, or might have, for any damage or injury to the child or other children, including but not limited to monetary damages, attorney's fees and costs, as a result of being enrolled as a camper at CDW or from participation in any activity that results in damage or injury to my child or loss or damage of personal property, whether caused by the negligence of CDW, its owners, directors, employees, agents or otherwise. I agree that any action or claim by me or on behalf of a person for whom I am a legal guardian shall be governed by New Jersey law and that any action or claims shall be brought within the borders of the State of New Jersey and I waive any right to bring any claims or actions elsewhere.

Parents'/Guardians' Signatures

Date

Statement of Completeness

I acknowledge that the information provided on this Camper Registration form, and later on the Health History form with respect to my child is true, complete and accurate. I assume full responsibility and liability for the truthfulness, accuracy and completeness of the information provided or made available by me and acknowledge that CDW shall rely upon it. Prior to completing the Camper Registration form and Health History form, I have made diligent inquiry of all sources of information to make certain the information provided by me is true, complete and accurate. I understand that if I have failed to make a complete and accurate disclosure and it adversely affects the safety and well-being of my child, other campers, or the staff of CDW, my child may be asked to leave the camp, I will receive no refund of tuition and I assume all risks and responsibilities in connection with same as agreed to above.

Parents'/Guardians' Signatures

Date

Participation Permission

I have read the Camp Dark Waters program information provided and understand the nature of the activities and the health and safety measures. I understand that the child to counselor ratio at CDW is not 1:1, I have been provided the approximate child to counselor ratio expected for this season, understand that supervision of my child is general in nature and accept any risk associated with it. I give permission for my child to attend and participate in activities on and off the program site. I consent to the taking and use of any slides, photographs, or videotaping during the program, whether for advertising, promotion, or publicity purposes by Camp Dark Waters, Inc. now or in the future.

I enclose the required \$200 deposit, with balance due May 1, 2012. I have read and understand the Payment Schedule and Cancellation/Refund Policy attached to this form

I have read, understood and accept all of the Terms and Conditions set forth in this Enrollment Agreement.

Parents'/Guardians' Signatures

Date

CAMP DARK WATERS 85th SEASON!

2012 CAMP CALENDAR

1 ST SESSION:	June 23 – June 30 (one week)
2 nd SESSION:	June 30 – July 7 (one week)
3 rd SESSION:	July 7 – July 21 (two weeks)
4 th SESSION:	July 22 – August 4 (Note: Session Runs Sunday – Saturday, Two weeks)
5 th SESSION:	August 4 – August 18 (two weeks)
FAMILY WEEKEND:	August 24 – 26 (Friday – Sunday)

2012 CAMP RATES, FEES AND DISCOUNTS

1 Week Sessions.....	\$630
2 Week Sessions.....	\$1120
CIT (Counselor in Training)..... 4 weeks.....	\$2250
TAC (Teen Adventure Camp)... 2 weeks.....	\$1700
Horseback Riding.....	\$125 week

Laundry and Necessity store fees extra.

Multiple Session Discount.....	\$50.00
Quaker Discount.....	\$10 per week
Multiple Child Discount.....	\$10 per week

Family Getaway Weekend.....\$90 per adult
\$50 per child under 14

To download the Family Getaway Weekend
registration form, please log onto
www.campdarkwaters.org

Make checks payable to:
CAMP DARK WATERS.

Mail completed form and deposit to:
Camp Dark Waters
P.O. Box 263
Medford, NJ 08055

OPEN HOUSE

March 30 and April 21, 12 noon to 3 p.m. Tour camp and learn more about us. Please RSVP: 609-654-8846

PAYMENT SCHEDULE

A deposit of \$200 is due with the Registration form. The balance of the tuition is due by May 1, 2012.

CANCELLATION/REFUND

Cancellation of registration with more than eight weeks prior to the start of your child's session(s) will incur a \$50 cancellation fee. Cancellation of registration between two and eight weeks prior to the start of your child's session(s) will forfeit the full deposit. No refunds of any tuition will be made for cancellations less than two weeks prior to the start of your child's session(s)

LATE ARRIVALS/ EARLY DEPARTURES

Non-emergency late arrivals, early departures and leaving during the session must be approved by the office and are subject to a \$40 service charge.

TUITION ASSISTANCE

Partial tuition assistance may be available through the Dark Waters Campership Trust Fund.

To apply, return the completed registration form with a refundable \$100 deposit. Also include a letter requesting the aid and reasons for such to the camp address.

NON-PROFIT FEDERAL

TAX ID NUMBER:

223-748-083