

Fees/Deposits

The fee for this 5 day camp program is \$500—this includes all accommodations, food and program costs. A \$250 non-refundable deposit must accompany this application. The balance is to be paid by March 1, 2008.

Health Services

This application is made with the understanding and agreement that, in the event of illness, medical services are not supposed to be rendered, and if medical attention is given by the Camp Medical Staff, the same is gratuitous. It is expressly understood that no claims arising from illness or medical services, if rendered, are to be made against the camp. If a camper becomes injured or ill, whether the injury occurs on or off camp property, the physician selected by Capital Camps may prescribe or secure whatever treatment is indicated in the judgment of the physician, including, as examples only, prescription of medicine, administration of injections and/or anesthesia, hospitalization, and surgery. Capital Camps will advise parent or guardian of any injury or illness which is sufficiently serious to warrant such advice.

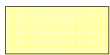
Health Requirements

A medical examination within the last 9 months is required. The results of the examination **must be mailed** to the camp office **before June 1**. If a camper becomes ill after the examination and/or prior to arrival at camp, please notify us. **If the camper is not in perfect health on the day that he/she is to arrive at camp, the camp must be notified prior to arrival.** Parents should alert us to any camper emotional problems. A social worker is on staff for help in meeting campers' mental health needs.

The medical information form, that you will receive in the spring, (also available for download at www.capitalcamps.org) should be completed by your physician. The instructions of the physician will be followed by the camp medical staff. Full information about your family medical insurance plan is required.

All medications, prescription and over-the-counter, **must** be sent to the camp with your child in the original containers along with instructions.

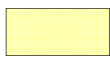
The parent/guardian is solely responsible for the cost of all medical and hospital services required. Insurance cards will be used for the purchase of prescriptions. A copy of the insurance card must be included with the health form. No camper may attend our program without an up-to-date and complete health form signed by a physician licensed to practice medicine. All health forms must be received at the Rockville office by June 1, 2008.



By initialing here, I agree to deposit and health services & requirements policies.

Refund Policy

1. Deposits and payments are not refundable under any circumstances.
3. No refunds or pro-rated amounts will be made if the camper attends any portion of the session.
4. CC&RC reserves the right to remove any camper, without refund, from our community who violates the following guidelines:
 - No tolerance of bullying, physical, psychological and/or sexual abuse.
 - Respect for camp property and the property of others
 - Behavior that requires supervision beyond a reasonable level
 - The use or possession of illegal drugs/alcohol/fireworks and/or items typically considered dangerous.



By initialing here, I agree to the refund policy.

Transportation

Counselor supervised transportation will be provided from and to designated areas. Locations are subject to change and are based on a minimum number of campers. Please check off the preferred transportation location.



Baltimore, MD



Rockville, MD



Parent Drop Off/Pick Up

General

A \$25 rebilling charge will be added to statements with unpaid balances processed after the due date.

Registration applications received after March 1, 2008 must be accompanied by full tuition payment.

Capital Camps may use photo/video images of campers in any/all public relations or marketing media.

The acceptance of this application requires your agreement to these terms and conditions. An acknowledgment by signature is required.

I have read the entire application. I understand my responsibilities and accept the camp's policies as stated. I also understand that a camp deposit must accompany this application. I understand that in any medical situation every effort will be made to reach me. I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the applicant. Any and all claims and rights which camper and/or parent may have as a result, either directly or indirectly, including, as examples only, those involving medical and legal costs, shall be governed by Maryland law and limited by Capital Camps insurance coverage so that Capital Camps will not have any other liability and its directors, employees, and agents will have none. Parents will be held financially responsible for damage to camp property.

I agree to the terms and conditions of enrollment as stated on reverse side, and I agree to be responsible for all fees. Enclosed is a non-refundable deposit of \$250.

 **Signature:** _____ **Date:** _____

Payment

Note: Camp Fee is \$500 for the 5 days

1. Make checks payable to Capital Camps & Retreat Center — PLEASE PUT CAMPER NAME ON CHECK

2. I would like to make the payment on my: (circle one)



Deposit Amount: \$.

CARD #:

(Please list ALL numbers on card)

3 digit security code: (last 3 digits on back of card on signature strip)

Expiration Date: /

As the purchaser, I waive the right to dispute payment based on CC&RC's terms and conditions.

Card Holder's Signature:

Card Holder's Name:

Billing Address (as it appears on credit card):

Street City State Zip Code

Mail completed registration form to: Capital Camps & Retreat Center, 12230 Wilkins Avenue, Rockville, MD 20852

Please direct all questions to our Camp professionals at 301-468-2267 (toll free 1-866-430-2267)

Visit us on the web at www.capitalcamps.org