

2012 LOTUS LAKE CAMP--CAMPER(S) REGISTRATION FORM

1. FAMILY INFORMATION

Parent 1: _____ Parent 2: _____ Address while at camp
 Address: _____ Address: _____ (if different from left)
 _____ (if different) _____
 Home Phone: () - _____ Home Phone: () - _____
 Cell Phone () - _____ Cell Phone () - _____ Phone () - _____
 Daytime Phone: () - _____ Daytime Phone: () - _____
 E-mail: _____ E-mail: _____

Children live with: Both parents Parent 1 Parent 2 Other (Specify) _____

Person responsible for payment of fees _____

NOTE: If registering more than two campers, please make a copy of this form to use

CAMPER 1: _____

Date of Birth: ___/___/___ Age this Summer ____ Grade in Fall 2012 ____ Sex M F
 M / D / Y

FULL DAY SESSION(S) 1 1 2 3 4
 6/25-6/29 7/2-7/6 7/9-7/20 7/23-8-3 8/6-8/17

HALF DAY WEEK(S) 1 2 3 4 5 6
 6/25-6/29 7/2-7/6 7/9-7/13 7/16-7/20 7/23-7/27 7/30-8/3

MUSIC--ART--DRAMA
 7/23-8/3 (Separate camp)

SOCCER Soccer t-shirt size: _____
 8/6-8/10 (Separate camp) Youth : L(14-16) Adult: S M Other

Transportation: See brochure for timetable

Montpelier Bus	Leave	Return	Barre Bus	Leave	Return	Northfield Van/Bus	Leave	Return
Corner of E. State & College	<input type="checkbox"/>	<input type="checkbox"/>	BOR	<input type="checkbox"/>	<input type="checkbox"/>	Norwich Univ. Library	<input type="checkbox"/>	<input type="checkbox"/>
Union Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	S. Barre (Corner Bridge St. & Rt. 14)	<input type="checkbox"/>	<input type="checkbox"/>			
NA	<input type="checkbox"/>		S. Barre Hannafords	<input type="checkbox"/>	<input type="checkbox"/>			
			Williamstown	<input type="checkbox"/>	<input type="checkbox"/>			

**Horseback Riding
For Full Day Campers**

[AM group lessons](\$45/wk)

Session 1	Session 2	Session 3	Session 4
<input type="checkbox"/> wk 1 <input type="checkbox"/> wk 2	<input type="checkbox"/> wk 1 <input type="checkbox"/> wk 2	<input type="checkbox"/> wk 1 <input type="checkbox"/> wk 2	<input type="checkbox"/> wk 1 <input type="checkbox"/> wk 2

[PM private lessons]
(to be arranged at camp)

Riding level _____
 Semiprivate: (\$35/lesson) No./wk ____
 Private: (\$40/lesson) No./wk ____

CAMPER 2: _____

Date of Birth: ___/___/___ Age this Summer ____ Grade in Fall 2012 ____ Sex M F
 M / D / Y

FULL DAY SESSION(S) 1 1 2 3 4
 6/25-6/29 7/2-7/6 7/9-7/20 7/23-8-3 8/6-8/17

HALF DAY WEEK(S) 1 2 3 4 5 6
 6/25-6/29 7/2-7/6 7/9-7/13 7/16-7/20 7/23-7/27 7/30-8/3

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Union Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	S. Barre (Corner Bridge St. & Rt. 14)	<input type="checkbox"/>	<input type="checkbox"/>			
NA	<input type="checkbox"/>		S. Barre Hannafords	<input type="checkbox"/>	<input type="checkbox"/>			
			Williamstown	<input type="checkbox"/>	<input type="checkbox"/>			

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Please complete reverse side

NAMES OF PERSON(S) AUTHORIZED TO PICK-UP CHILD OTHER THAN PARENT/GUARDIAN

4. ADDITIONAL INFORMATION

Please add any additional information about your child that you would like the staff to know.

5. ENROLLMENT AGREEMENT:

A **deposit of \$100.00 per child, per session**, is required to confirm registration. Deposit is refundable (less 50%). The deposit will be applied to the fees. Confirmation of registration and health history form will be mailed to you upon receipt of your application and deposit.

✦ THE COMPLETED HEALTH HISTORY FORM AND THE BALANCE OF THE FEES MUST BE ON FILE TWO WEEKS BEFORE YOUR CAMPER'S PARTICIPATION IN CAMP.

You will be notified by phone or e-mail only if we are unable to fulfill your registration request(s). Your child may be placed on a waiting list if there are no openings.

Should you withdraw your child prior to the start of his/her enrollment period, camp should be notified two weeks before the enrollment period. You will then be eligible to receive the balance of your payment minus the non-refundable deposit.

There is no refund for a camper's time off, family vacations, special events in your child's life or anything else that necessitates your child missing camp. I agree to allow my child(ren) to participate in all camp activities offered.

I understand and agree that the Camp Director(s) shall retain the right to exclude any child from participating in any activity that, in his/her considered judgment, the child is not yet ready to participate in safely or where the child's participation at the time in question may interfere with the health and safety of others.

I agree to notify camp **IN WRITING** if there is any change in my camper's transportation.

I further agree to allow my child to be used in any camp promotional photographs and videos. (Yes, No)

I have carefully read the above conditions of this agreement, fully understanding and accepting them as stated.

PRINT NAME _____
SIGNATURE _____
DATE _____

PRINT NAME _____
SIGNATURE _____
DATE _____

- **Please note the proper mailing addresses: Mail the completed registration form and the fees (payable to LOTUS LAKE CAMP)**
- **To (UNTIL JUNE 5) John and Dorothy Milne, 57 Stillwater Rd., S. Deerfield, MA 01373**
- **(AFTER JUNE 5) Lotus Lake Camp, 4785 VT Rt. 14, Williamstown, VT 05679**

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY).

DATE	PAYEE	AMOUNT

CAMP FEE _____
RIDING FEE _____
TOTAL FEE _____
DEPOSIT _____
BALANCE _____
PYMNT 1 _____
BALANCE _____
PYMNT 2 _____
BALANCE _____
PYMNT 3 _____
BALANCE _____