



Application for Summer Boarding Camps
Adventure Camp, Ranger Fitness Camp, Band Camp, and Parent/Child Weekend
June 20 – July 17, 2009

Camper's Full Name: (First) (Middle) (Last)

Camper's Full Address: (Street Address)

(City) (Country or State) (ZIP Code)

Camper's Home Phone Number (with area code/country code): Camper Sex: Male Female

Camper's Date of Birth: Month Day Year Grade Completed as of June 2009

Did the camper previously attend VFMA Summer Camp? Yes No If yes, please indicate year(s)

Camper wishes to attend (age is based on age of the camper on first day of reporting to camp):

- Junior Ranger Camp (9-11 years) 4 weeks (\$3,600)
Raider Camp (12-13 years) 2 weeks (Session I: June 20 – July 3), \$2,000
Ranger Fitness Camp (14-17 years) 2 weeks (Session II: July 5 – July 17), \$2,000
Band Camp (12-17 years): \$3,600 (4 week session) Parent/Child Weekend (July 17 – July 19): \$250

* 4 week camp requires a non-refundable \$175 trip week fee **2 week camp requires a non-refundable \$100 trip week fee

What person, publication, or advertisement prompted application to VFMA Summer Camp?

If a family of one of our campers has referred you, please write the name of the referring family:

Camper has / has not applied to attend the Academy?

Statement of Financial Responsibility

Applicant lives with: Both Parents Mother Father Legal Guardian Other (Relationship)

Father/Guardian's Information

Full Name: Street Address: (If different than camper's address)

City State ZIP Code Telephone: (If necessary, include Country Code and City Code)

Employer/Business Name: Position Held: Business Address:

City State ZIP Code Business Phone: (If necessary, include Country Code and City Code)

E-Mail:

Mother/Other Guardian's Information

Full Name: Street Address: (If different than camper's address)

City State ZIP Code Telephone: (If necessary, include Country Code and City Code)

Employer/Business Name: Position Held: Business Address:

City State ZIP Code Business Phone: (If necessary, include Country Code and City Code)

E-Mail:

Person responsible for payment of CAMP FEES/EXPENSES (if different than parent): (Full Name)

Address: (Street Address) (City)

(State or Country) (ZIP Code) Phone: FAX:

Email: Relationship to camper:

**The following questions and signatures are required to process this application.
If these questions are not completed fully, the application will not be processed.**

Has the applicant been suspended/expelled from school within the last 2 (two) years and/or been adjudicated for any offense?
 No Yes If yes, please explain and, as soon as possible, provide a letter of documentation from the appropriate official:

Please answer the following MEDICAL QUESTIONS for the Health Center.

If yes to questions 1 through 3, please list and, as soon as possible, provide a letter from the prescribing physician detailing medical history and medication requirements.

1. Does the camper take any medications on a regular basis? No Yes

2. Is the camper allergic to insect bites, bee stings, etc.? No Yes

3. Are there any medical, physical, or psychological conditions that will limit the camper's participation in camp activities? No Yes

4. I give permission for my child to be administered Tylenol or Benadryl (anti-allergic) and/or receive emergency medical treatment, as the need arises: Yes No

Statement of Understanding

I hereby make application to enroll my child/ward in the Valley Forge Military Academy Summer Camp ("VFMA Summer Camp") subject to the provisions of the regulations of the VFMA Summer Camp. I hereby certify that he/she is of good moral character. I hereby also certify that I have given full disclosure concerning all medical, physical, and psychological conditions which might have relevance to the performance of my child/ward while at VFMA Summer Camp, as well as any suspensions, expulsions, or adjudications against him/her, to include all past, current, or pending actions. I also understand that I am liable for information that is false, misleading, or later found to be omitted concerning all such medical, physical, or psychological conditions and all suspensions, expulsions, or adjudications. I understand that any such non-disclosure will result in the forfeiture of acceptance (if previously offered) and any payments made on his account. I have no objection to publicity in conjunction with camp activities that involve my child/ward. I hereby certify that I will assume the necessary financial obligations. I understand and agree to the VFMA Summer Camp regulations which provide that no deductions or rebates will be made if he/she is withdrawn after the start of camp or if dismissed from camp. **A preliminary deposit of \$150.00 will accompany this application** and will be credited as partial payment. **This application deposit is non-refundable.** Upon acceptance a \$400 validation fee will be required to verify the camper's attendance and guarantee his/her position, and will be refundable if the Admissions Office is notified in writing of his/her withdrawal prior to June 1, 2009. There will be no refunds following June 1, 2009, unless the withdrawal is for medical reasons on order of a physician before the camper reports. No refunds of any kind will be provided if the camper fails to report to VFMA Summer Camp, or in the event of his/her withdrawal or dismissal from the camp. It is agreed that any dispute concerning the admission or enrollment of the applicant in the VFMA Summer Camp in any way shall be litigated only in the Court of Common Pleas, Delaware County, Pennsylvania, or the US District Court for the Eastern District of Pennsylvania, to whose exclusive jurisdiction the applicant submits. It is further agreed that VFMA Summer Camp will be entitled to reimbursement of its reasonable counsel fees if it is the prevailing party in any such litigation. All costs of collection, including counsel fees, will also be paid as part of any collection effort.

Signature of Person/Persons legally responsible for camper: _____ Date: _____
_____ Date: _____

and (even if the same)
Signature of the Person/Persons financially responsible for camper: _____ Date: _____
_____ Date: _____

\$150 Application Fee Required
Make checks payable to
Valley Forge Military Academy

Both parents must sign if residing together.



Instructional Activity Form

PLEASE PRINT CLEARLY

Camper's Full Name: _____

- Camp (Select 1):
- | | |
|---|--|
| <input type="checkbox"/> Junior Ranger (9-11 years old) | <input type="checkbox"/> Raider (12-13 years old) |
| <input type="checkbox"/> Ranger Fitness (14-17 years old) | <input type="checkbox"/> Band Camp (12-17 years old) |

Please indicate your child's selections for instructional activities by checking or numbering the activity. Please note that some activities have an additional charge. Please refer to our website www.vfmac.edu/camp for a description of the activities.

Premium Athletic & Academic Activities

Campers may enroll in no more than two Premium Activities*

<input type="checkbox"/> College SAT Prep, \$500	<input type="checkbox"/> Karate, \$250
<input type="checkbox"/> Mathematics, \$500	<input type="checkbox"/> Cooking/Nutrition, \$350
<input type="checkbox"/> Cartooning, \$500	<input type="checkbox"/> Marksmanship**, \$350
<input type="checkbox"/> Composition, \$500	<input type="checkbox"/> Horsemanship**, \$400
<input type="checkbox"/> Creative Writing, \$500	<input type="checkbox"/> Sailing*, \$400
<input type="checkbox"/> Reading, \$500	<input type="checkbox"/> SCUBA, \$900 – includes certification
<input type="checkbox"/> Developmental Reading, \$500	

*Sailing counts as two activities because it encompasses two activity periods per day)
 **Eligible for Boy Scout Merit Badge if currently enrolled in BSA

Sports Activities (Included in Tuition)

Please list your top four choices according to preference (1 = most preferable)

___ Archery, \$0	___ Paintball, \$0
___ Baseball, \$0	___ Rugby, \$0
___ Basketball, \$0	___ Soccer, \$0
___ Football, \$0	___ Softball, \$0
___ Go Carts, \$0	___ Swimming, Instructional, \$0
___ Hockey, Field, \$0	___ Tennis, \$0
___ Hockey, Street, \$0	___ Track & Field, \$0
___ Lacrosse, Advanced, \$0	___ Volleyball, \$0
___ Lacrosse, Beginner, \$0	___ Water Polo, \$0