

# of Weeks	Price per week
4 or less	\$395
5	\$375
6	\$369
7	\$366
8	\$360



## Application for Summer Day Camp

June 15 – August 7, 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): \_\_\_\_\_ 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Pathfinder Camp (6-7 years): \$395/week                                 | <input type="checkbox"/> Pioneer Camp (8-9 years): \$395/week                          |
| <input type="checkbox"/> Junior Ranger Camp (10-11 years): \$395/week                            | <input type="checkbox"/> Raider Camp (12-13 years): \$395/week                         |
| <input type="checkbox"/> Ranger Fitness Camp (14-17 years), <b>6/22 – 7/17 only</b> : \$395/week | <input type="checkbox"/> Band Camp (12-17 years), <b>6/22 – 7/17 only</b> : \$395/week |
- Instrument Played \_\_\_\_\_

**ENROLL MY CAMPER FOR ALL EIGHT WEEKS AT THE REDUCED PRICE OF \$2,880 (\$360 per week)!!!!**

Or, enroll my camper for the following weeks (All weeks run Monday through Friday):

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Week 1 (6/15–6/19) | <input type="checkbox"/> Week 2 (6/22 – 6/26) | <input type="checkbox"/> Week 3 (6/29-7/3)  | <input type="checkbox"/> Week 4 (7/6-7/10) |
| <input type="checkbox"/> Week 5 (7/13-7/17) | <input type="checkbox"/> Week 6 (7/20-7/24)   | <input type="checkbox"/> Week 7 (7/27-7/31) | <input type="checkbox"/> Week 8 (8/3-8/7)  |

Only campers enrolled all 4 weeks of 6/22 to 7/17 are eligible to enroll in premium activities, **maximum: two courses\***.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Karate (\$250)            | <input type="checkbox"/> Sailing* (\$400)         | <input type="checkbox"/> Mathematics (\$500)      | <input type="checkbox"/> Cartooning (\$500)       |
| <input type="checkbox"/> Cooking/Nutrition (\$350) | <input type="checkbox"/> Reading (\$500)          | <input type="checkbox"/> Creative Writing (\$500) | <input type="checkbox"/> College SAT Prep (\$500) |
| <input type="checkbox"/> Marksmanship** (\$350)    | <input type="checkbox"/> Develop. Reading (\$500) | <input type="checkbox"/> Composition (\$500)      | <input type="checkbox"/> SCUBA (\$725)***         |
| <input type="checkbox"/> Horsemanship** (\$400)    |   |   |   |

\*Sailing counts as two courses because it encompasses two activity periods per day

\*\*Eligible for Boy Scout Merit Badge if currently enrolled in BSA)

\*\*\* If your child wishes to do the open water dive for certification, an additional fee is required.

The following special activities are available at no extra cost. Please list your top four choices according to preference (1 = most preferable)

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

### 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: \_\_\_\_\_

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

**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 \$125 will accompany this application** and will be credited as partial payment. **\$50 of this application deposit is non-refundable.** \$75 will be refundable if the VFMA Summer Camp 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: \_\_\_\_\_

**\$125 Deposit Required**  
 Make checks payable to  
 Valley Forge Military Academy

**Both parents must sign if residing together.**