



Application for Summer Sports Camp

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

Camper's Full Address: _____
(Street Address)

(City) (Country or State) (Zip)

Camper's Home Phone Number (with area code/country code): _____

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

Camper previously attended VFMA Summer Camp? Yes No If yes, please indicate year(s) _____

Camper wishes to attend:

- | | | |
|----------------------|---|--|
| Soccer Camp 1 | <input type="checkbox"/> Week 1 (June 15 – June 19), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Tennis Camp 2 | <input type="checkbox"/> Week 2 (June 22 – June 26), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Soccer Camp 3 | <input type="checkbox"/> Week 3 (June 29 – July 3), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Tennis Camp 4 | <input type="checkbox"/> Week 4 (July 6 – July 10), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Soccer Camp 5 | <input type="checkbox"/> Week 5 (July 13 – July 17), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Tennis Camp 6 | <input type="checkbox"/> Week 6 (July 20 – July 24), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Soccer Camp 7 | <input type="checkbox"/> Week 7 (July 27 – June 31), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |
| Tennis Camp 8 | <input type="checkbox"/> Week 8 (August 3 – August 7), \$350 | <input type="checkbox"/> Add extended care (7-9am; 4-6pm), \$60 |

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 applicants)

City State Zip

Telephone: (_____) _____

(If necessary, include Country Code and City Code)

Employer/Business Name: _____

Position Held: _____

Business Address: _____

City State Zip

Business Phone: (_____) _____

(If necessary, include Country Code and City Code)

E-Mail: _____

Mother/Other Guardian's Information

Full Name: _____

Street Address: _____
(If different than applicants)

City State Zip

Telephone: (_____) _____

(If necessary, include Country Code and City Code)

Employer/Business Name: _____

Position Held: _____

Business Address: _____

State Zip

Business Phone: (_____) _____

(If necessary, include Country Code and City Code)

E-Mail: _____

PLEASE NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT ALL REQUIRED SIGNATURES

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

Address: _____
(Street Address) (City)

(State or Country) (Zip) Phone :(_____) FAX :(_____) _____

E-Mail: _____ Relationship to camper: _____
What person, publication, or advertisement prompted application to VFMA Summer Camp? _____

The following questions and signature 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 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 his 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 regulation of the VFMA Summer Camp. I hereby certify that he 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, 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 is withdrawn after the start of camp or if dismissed from camp. **A preliminary deposit of \$125.00 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 withdrawal prior to June 1 . There will be no refunds following June 1 unless the withdrawal is for medical reasons on orders 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 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 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.