



Application For Summer Boarding Camp
Adventure Camp, Forging Fitness Camp
June 26 – July 23, 2010

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 Gender: Male Female

Camper's Date of Birth: Month _____ Day _____ Year _____ Grade completed as of June 2010 _____

Camper previously attended 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: \$3,900*
- Raider Camp (12-13 years) 2 weeks (Session I: June 26 – July 2): \$2,300**
- Forging Fitness Camp (14-17 years) 2 weeks (Session II: July 11 – July 23): \$2,300**

***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's Information

Full Name: _____

Street Address: _____
(If different than applicant's)

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's Information

Full Name: _____

Street Address: _____
(If different than applicant's)

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: _____

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

Full 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? _____



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

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

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/her 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, 2010. There will be no refunds following June 1, 2010 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/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. 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: _____

\$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): Junior Ranger (9-11 years old) Raider (12-13 years old) Forging Fitness (14-17 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.html for a description of the activities.

Premium Athletic & Academic Activities

Camper may enroll in no more than two (2) Premium Activities*

- | | |
|---|--|
| <input type="checkbox"/> College SAT Prep, \$500 | <input type="checkbox"/> Karate, \$275 |
| <input type="checkbox"/> Mathematics, \$500 | <input type="checkbox"/> Cooking/Nutrition, \$375 |
| <input type="checkbox"/> Composition, \$500 | <input type="checkbox"/> Marksmanship**, \$375 |
| <input type="checkbox"/> Creative Writing, \$500 | <input type="checkbox"/> Horsemanship**, \$400 |
| <input type="checkbox"/> Reading, \$500 | <input type="checkbox"/> Sailing*, \$400 |
| <input type="checkbox"/> Developmental Reading, \$500 | <input type="checkbox"/> SCUBA, \$900 – includes certification |

Academic classes may count towards summer school, contact camp office if interested.

*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 Camp tuition)

Please list your top four (4) 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 |