

Valley Forge Military Academy Summer Camp

Application for Summer Day Camp & Band Day Camp

June 16 – July 25, 2008

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 16 June 2008 _____

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):

Pathfinder Camp (6-7 years): \$375/week Band Camp (12-17 years), **6/21-7/18 only**: \$2,000

Pioneer Camp (8-9 years): \$375/week Instrument played: _____

Junior Ranger Camp (10-11 years): \$375/week

Raider Camp (12-13 years): \$375/week

Ranger Fitness Camp (14-17 years), **6/25-7/20 only**: \$375/week

ENROLL MY CAMPER FOR ALL SIX WEEKS AT THE REDUCED PRICE OF \$2,000!!!

Or, enroll my camper for the following weeks (All weeks run Mon.- Fri. except the week of 6/30 runs Mon- Thurs., \$50 discount):

6/16-6/20 6/23-6/27 6/30-7/3 (No camp 7/4, reduced by \$50) 7/7-7/11 7/14-7/18 7/21-7/25

Only campers enrolled in **the full six-week program** may enroll in special activities, **two course max.**

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Karate (\$250) | <input type="checkbox"/> Horsemanship* (\$450) | <input type="checkbox"/> Marksmanship* (\$350) | <input type="checkbox"/> SCUBA (\$900) | <input type="checkbox"/> Reading (\$500) |
| <input type="checkbox"/> Mathematics (\$400) | <input type="checkbox"/> Fencing (\$375) | <input type="checkbox"/> Creative Writing (\$500) | <input type="checkbox"/> Cartooning (\$500) | <input type="checkbox"/> Nature (\$500) |
| <input type="checkbox"/> Develop. Reading (\$500) | <input type="checkbox"/> Reading (\$500) | <input type="checkbox"/> Composition (\$500) | <input type="checkbox"/> Intro Algebra (\$500) | <input type="checkbox"/> Review Algebra (\$500) |
| <input type="checkbox"/> Algebra 2 (\$500) | <input type="checkbox"/> Geometry (\$500) | | | |

*Eligible for Boy Scout Merit Badge (must currently be enrolled in BSA).

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: _____

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

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 subject to the provisions of the regulations 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 Valley Forge, 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 Academy 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 Summer Camp Office is notified in writing of his withdrawal prior to June 1st. There will be no refunds following June 1st 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 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 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.