



P.O. Box 647, Phoenicia, NY 12464 • Ph (720) 935-2540 • storydanz@yahoo.com

Day Camp Registration Guidelines

To register for one or more summer camp sessions, please complete:

1. Registration Form (Parts 1, 2, & 3)
2. Health Form
3. Payment (Make check payable to Catskill Woodland Camp)

Mail to: Catskill Woodland Camp, P.O. Box 647, Phoenicia, N.Y. 12464

Payment Policy:

Full payment is required with registration.

Family Discount Policy:

Tuition for the first child in each family is full price. Every additional child registering from the same family receives a 10% discount per weekly session.

Cancellation Policy:

Tuition is nonrefundable.

Financial Aid:

Financial Aid and/or Barter-Exchange is offered on a first-come, first-serve, application basis. To apply for Financial Aid or Barter/Exchange, you must complete and mail the financial aid/barter-exchange application at least 2 weeks before the start date of the session you are registering for.

We do not discriminate on the basis of race, color, religion, age, gender, national or ethnic origin.



P.O. Box 647, Phoenicia, NY 12464 • Ph (720) 935-2540 • storydanz@yahoo.com

Day Camp Registration PART 1

CAMPER NAME: _____ Male Female
(Last) (First)

STREET ADDRESS: _____

(Town) (Zip Code) (Camper's Email)

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

MAILING ADDRESS: _____

(Town) (Zip Code) (Family's Email)

BIRTH DATE: _____ AGE AT TIME OF CAMP: _____ GRADE IN SPRING 2011: _____

PARENT'S/ GUARDIAN'S NAMES: _____

- FAMILY STATUS: MARRIED SEPARATED DIVORCED SINGLE PARENT OTHER
- CAMPER LIVES WITH: BOTH PARENTS FATHER MOTHER GUARDIAN

FATHER'S/ GUARDIAN'S PLACE OF BUSINESS	E-MAIL ADDRESS	CELL PHONE
_____	_____	_____
POSITION	PHONE	
_____	_____	

MOTHER'S/ GUARDIAN'S PLACE OF BUSINESS	E-MAIL ADDRESS	CELL PHONE
_____	_____	_____
POSITION	PHONE	
_____	_____	

PLEASE LIST EMERGENCY CONTACTS AND ALL AUTHORIZED PICK UP NAMES BELOW:

NAME	RELATIONSHIP TO CAMPER	DAY PHONE	CELL PHONE
NAME	RELATIONSHIP TO CAMPER	DAY PHONE	CELL PHONE
NAME	RELATIONSHIP TO CAMPER	DAY PHONE	CELL PHONE



P.O. Box 647, Phoenicia, NY 12464 • Ph (720) 935-2540 • storydanz@yahoo.com

Day Camp Registration PART 2

Please make checks payable to: Catskill Woodland Camp and mail registration to the above address.

Camper's Name: _____ Age: _____ Birthday _____

Camp 2011 Runs for 2 Weeks	
Dates	July 18-29
Ages 5-12: Woodland Wild Cats	<input type="checkbox"/> \$450

Total Enclosed: _____



P.O. Box 647, Phoenicia, NY 12464 • Ph (720) 935-2540 • storydanz@yahoo.com

Day Camp Registration PART 3

Family Statement of Understanding & Waiver of Liability

Signature required for children to participate at Catskill Woodland Camp.

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent child or children and any child or children under my care, which might arise directly or indirectly from and/or as a result of, and/or participation in the Catskill Woodland Camp program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Catskill Woodland Camp and all employees and volunteers in their capacities as representatives of the Catskill Woodland Camp, except for injuries caused intentionally, or by willful misconduct.

I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns.

I understand that I am not to leave my child at the Catskill Woodland Camp program site unless a Catskill Woodland Camp staff person is there to receive and supervise my child. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child or children and/or a child or children under my care must either be listed on this form, or other arrangements must be made in writing to the Catskill Woodland Camp Director to inform the staff of any changes. Parents and their designees must always carry photo ID to properly identify themselves. I understand that the Catskill Woodland Camp has the right to terminate camp arrangements for parents and/or their designees who disregard these basic understandings.

I give the Catskill Woodland Camp permission for images of my child to be captured during regular and special camp activities and events through video, photo and digital camera, to be used solely for the purposes of CWC's promotional material and publications, and I waive any rights of compensation or ownership thereto. I understand that CWC reserves the right to use any and all photographic, written, or video material of the child or children under my care for promotional or commercial purposes such as, but not limited to, brochures, website, port folio, picture sales, etc., and I have authority to give such permission for the child or children under my care.

I give the Catskill Woodland Camp permission to take my child or children and/or the child or children under my care to the proper medical facilities and for those facilities to provide needed care in an emergency. I agree to pay the balance of camp fees with my registration packet. I understand that reserved space cannot be held without payment in full. I understand that all paid fees, including, but not limited to tuition and registration are nonrefundable.

SIGN HERE: _____

Signature of Parent or Legal Guardian

_____ Date