



CAMP MAAS AGREE KENNEDY 2009 APPLICATION

**PLEASE ATTACH
A RECENT
CAMPER
PHOTO
(mandatory)**

CAMPER LAST NAME _____	CAMPER FIRST NAME _____
--------------------------------------	---------------------------------------

FATHER	MOTHER	CAMPER PERMANENT ADDRESS	EMERGENCY CONTACT (other than parent)
Last Name	Last Name	Street	Full Name
First Name	First Name	City	Relationship
Home Phone	Home Phone	State Zip Code Country	Home Phone
Work Phone	Work Phone	Family Status: Married Divorced Separated Single Other	Work Phone Cell Phone
Cell Phone	Cell Phone	Camper lives with: Both Parents Mother Father	SECOND CONTACT
E-mail Address	E-mail Address	Send invoice to: Both Parents Mother Father	Full Name
Tamarack Alumni: Yes PARENT ADDRESS IF DIFFERENT THAN CAMPER'S	Tamarack Alumni: Yes	Send mail to : Both Parents Mother Father	Relationship
Street	Street	Step-Mother Name	Home Phone
City	City	Step-Father Name	Work Phone Cell Phone
State Zip Code	State Zip Code		

CAMPER INFORMATION	
Date of Birth (mm/dd/yr)	Health Insurance Name
Male <input type="checkbox"/> Female <input type="checkbox"/> Grade Entering Fall of 2009	Health Insurance Number
School	Doctor's Name
Camper E-mail	Doctor's Phone
Religious School	T-Shirt Size: Child 14-16 Adult M L XL
Returning Camper: Yes	A BUNK REQUEST FORM WILL BE MAILED TO YOU IN THE SPRING
Last Year Attended _____	

PLEASE ENROLL MY CHILD IN: (Grade Entering Fall of 2009)	
MINI A - Grades 2 to 5	SUPER SEASON
MINI B - Grades 2 to 5	Grade 2 to 7
SESSION 1 - Grades 2 to 7	Grade 8 - RUACH/RUACH
SESSION 1 - Grade 8 - RUACH	Grade 8 - PIONEER/RUACH
SESSION 1 - Grade 8 - PIONEER	Grade 8 - RUACH/PIONEER
SESSION 1 - Grade 9 - SPECIALTY	Grade 9 - SPECIALTY
SESSION 2 - Grades 2 to 7	Grade 9 - SPECIALTY/AGREE
SESSION 2 - Grade 6 - DANCE CITY	Grade 9 - AGREE/SPECIALTY
SESSION 2 - Grade 8 - RUACH	AGREE 1 - Grade 9
SESSION 2 - Grade 8 - PIONEER	AGREE 2 - Grade 9
SESSION 2 - Grade 9 - SPECIALTY	KENNEDY - Grades 10 & 11
TSS/HADRACHA - Grade 11	AVODAH:
HORIZON CAMPER:	Session 1
	Session 2
	Super Season

PLEASE PRINT CLEARLY. COMPLETE FRONT AND BACK. APPLICATION MUST BE SIGNED.

6735 Telegraph Road , Suite 380 * Bloomfield Hills, MI 48301 * (248) 647-1100 * Fax (248) 647-1493

www.tamarackcamps.com

TERMS & CONDITIONS (Please retain a copy for your records.)

I, as the parent or guardian and on behalf of my Camper, understand, acknowledge and agree as follows:

1. **A \$500 deposit per camper is due upon registration.** A \$100 deposit, per camper, is due if you are applying for financial aid. Applications received after 4/1/09 must be paid in full at the time of registration.
2. **ALL CAMP FEES ARE DUE IN FULL BY 4/1/09.** Failure to pay in full by 4/1/09 may result in the loss of any early discounts received or cancellation of your child's program. A \$100 late fee will be assessed to each camper if fees are paid after 4/1/09.
3. Cancellations made prior to 1/31/09 will be charged a \$250 processing fee for each camper. Any cancellations after 1/31/09 will result in a forfeited deposit. Deposits are not transferable. After 4/1/09, 50% of camp fees are non-refundable. After 6/1/09, all camp fees are non-refundable. All cancellations or changes to programs must be in writing.
4. There are no reductions from the camp fee for a camper arriving late or leaving early.
5. A Tamarack Camps Medical Form (signed by a physician and parent or guardian) must be received at least two weeks prior to a camper's arrival at camp. I am responsible for notifying Tamarack Camps of all physical, medical and/or emotional needs of my Camper which may impact his/her ability to participate.
6. Tamarack Camps, a private, religious organization, has the sole and absolute discretion to (a.) reject or dismiss a camper, without refund, for any reason including, but not limited to, unsatisfactory conduct or any situation which impairs a camper's ability to participate, (b.) alter/change a program or bunking arrangements, and (c.) search the personal belongings of a camper.
7. The camping experience involves activities that come with certain risks and uncertainties including, but not limited to, horseback riding, ropes course, rafting, biking, climbing, zipline, swimming, diving, land sports, boating, bus trips, weather conditions, plants, insects and rugged terrain. I assume these risks and agree to allow my Camper to participate in all Tamarack Camps activities, including all activities and trips not on camp property. I hereby agree to release, indemnify, defend (including the payment of actual attorneys' fees and costs of a judgment/settlement) and hold harmless Tamarack Camps, officers, directors, agents and employees, from any and all liability for damage, injury, death or illness to and/or caused by my Camper or his/her property that directly or indirectly relate to Tamarack Camps, whether on or off camp property.
8. The undersigned's exclusive method for resolving disputes hereunder shall be by arbitration in accordance with the Rules of American Arbitration Association (the "AAA") before 1 arbitrator designated by the AAA. Judgment may be rendered by the court upon the arbitration award and execution may be issued upon the judgment. The exclusive venue and jurisdiction for any arbitration shall be in Oakland County, Michigan. The liability of Tamarack Camps shall be limited to the program fee. All claims by the undersigned will be extinguished if not brought within 180 days following the incident giving rise to such dispute.
9. In the event of an emergency, Tamarack Camps and/or medical staff has authority to act on my behalf according to its best judgment. I understand that I am responsible for the costs relating to treatment of my Camper outside of Tamarack Camps.
10. My Camper's name, address, phone number, email, photograph and/or image may be used by Tamarack Camps and partner agencies of the Jewish Federation of Metropolitan Detroit.
11. My Camper agrees to the following "RULES OF BEHAVIOR" while at Tamarack Camps;
 - No drugs, alcohol, or smoking; no food may be brought into Tamarack Camps; no cell phones, knives or weapons; no bullying, swearing or stealing; no destruction of camp, staff or other camper's property; no inappropriate sexual behavior, appropriate clothing must be worn at all times; respect the camp environment and each other.

I have read the above **TERMS & CONDITIONS** and acknowledge that it is my responsibility to be familiar with all registration materials, policies, guidelines and details provided by the camp. I have reviewed and discussed the above **TERMS & CONDITIONS**, including "RULES OF BEHAVIOR," with my Camper and voluntarily agree to be bound hereby.

Signature of Parent or Guardian

Date

FINANCIAL AID

- Financial aid is available only to Jewish children of metropolitan Detroit based on financial need. A \$100 deposit is required for each camper.
- Campers registered for Super Season will receive aid for one session ONLY; the additional fee of \$1,500 for Super Season will be invoiced and must be paid.
- Financial aid is only given to one session per child.

Yes, I am interested in applying for financial assistance and would like to receive a confidential application.

PAYMENT METHOD (\$500 deposit per camper; \$100 deposit per camper applying for financial aid):

Check enclosed Charge my credit card VISA or MasterCard for \$_____

Card Number _____ Expiration Date _____

Name as it appears on credit card _____

Credit card billing street address _____

3-digit "Card Security Code" on the back right hand side of credit card _____

Please charge my credit card for the remaining camper fee balance on 4/1/09.

This application will not be processed unless signed above by parent or guardian and deposit enclosed.