



WESTERN TRAVEL TRIP ALASKA TRAVEL TRIP 2009 APPLICATION

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

CAMPER LAST NAME _____	CAMPER FIRST NAME _____
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FATHER
Last Name
First Name
Home Phone
Work Phone
Cell Phone
E-mail Address
Tamarack Alumni: Yes
PARENT ADDRESS IF DIFFERENT THAN CAMPER'S
Street
City
State Zip Code

MOTHER
Last Name
First Name
Home Phone
Work Phone
Cell Phone
E-mail Address
Tamarack Alumni: Yes
Street
City
State Zip Code

CAMPER PERMANENT ADDRESS
Street
City
State Zip Code Country
Family Status: Married Divorced Separated Single Other
Camper lives with: Both Parents Mother Father
Send invoice to: Mother Father
Send mail to : Both Parents Mother Father
Step-Mother Name
Step-Father Name

EMERGENCY CONTACT (other than parent)
Full
Relationship
Home Phone
Work Phone Cell Phone
SECOND CONTACT
Full Name
Relationship
Home Phone
Work Phone Cell Phone

CAMPER INFORMATION	
Date of Birth (mm/dd/yr)	Health Insurance Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	Health Insurance Number
Grade Entering Fall of 2009	Doctor's Name
School	Doctor's Phone
Camper E-mail	
Religious School	
Previous Tamarack Camper: Yes No	
Last Year Attended _____	

PLEASE ENROLL MY CHILD IN:
WESTERN TRIP (entering 10th grade)
ALASKA TRIP (entering 11th grade)
Please list one friend with whom your child would like to share his/her experience.
Friend Request _____

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

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. **NO REFUNDS WILL BE GRANTED FOR ANY REASON (INCLUDING CANCELLATIONS FOR MEDICAL OR WEATHER-RELATED CONDITIONS). TRIP INSURANCE IS STRONGLY RECOMMENDED.**
2. A \$500 non-refundable deposit per camper is due upon registration. Applications received after 12/15/08 must include a \$1,500 non-refundable deposit. Applications received after 4/1/09 must be paid in full at the time of registration.
3. An additional \$1,000 non-refundable payment is due 12/15/08. Failure to remit payment on 12/15/08 may result in the cancellation of your Camper's registration. A \$100 late fee will be assessed if payment is received after 12/15/08.
4. The balance of camp fees is due in full by 4/1/09. Failure to pay in full by 4/1/09 may result in the cancellation of your Camper's registration. A \$100 late fee will be assessed to each camper if fees are paid after 4/1/09. Non-refundable fees are non-transferable. All cancellations or changes to programs must be in writing.
5. Tamarack Camps reserves the right to cancel a travel trip due to insufficient registration. A full refund will be provided in the event of cancellation. Campers will be notified if a trip has been cancelled no later than January 15, 2009.
6. A Tamarack Camps Medical Form (signed by a physician and parent or guardian) must be received at least two weeks prior to the trip's departure. 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.
7. 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.
8. 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. 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.
9. 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.
10. 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 medical treatment of my Camper.
11. 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.
12. My Camper agrees to the following "RULES OF BEHAVIOR" while at Tamarack Camps; No drugs, alcohol, or smoking; 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; eat healthy, drink enough fluids and take medication, if applicable.

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 Tamarack Camps. 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

PAYMENT METHOD (\$500 deposit per camper):

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 \$1,000 on December 15, 2008.

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

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