



2010 CAMPER APPLICATION

WESTERN TRIP

ALASKA TRIP

**PLEASE ATTACH
A RECENT
CAMPER
PHOTO**

(Mandatory)

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

CAMPER INFORMATION	
Date of Birth (mm/dd/yy) <hr/>	Health Insurance Name <hr/>
Male Female	Health Insurance Number <hr/>
Grade Entering Fall of 2010 <hr/>	Doctor's Name <hr/>
Camper E-mail <hr/>	Doctor's Phone <hr/>
School <hr/>	Returning Camper: Yes No
Religious School <hr/>	Year Last 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. To ensure this preference, please make sure your child's requested friend has also requested him/her. If we are unable to accommodate your request, we will contact you.
Friend Request <hr/>

PLEASE COMPLETE BOTH PAGES, PRINT, SIGN, AND RETURN VIA EMAIL, MAIL, OR FAX.

www.tamarackcamps.com / Email: tamarack@tamarackcamps.com

Mail: 6735 Telegraph Rd. • Ste. 380 • Bloomfield Hills, MI • 48301 • Phone: 248-647-1100 • Fax: 248-647-1493

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 12/15/09 must include a \$1,500 non-refundable deposit. Applications received after 4/1/10 must be paid in full at the time of registration.
3. An additional \$1,000 non-refundable payment is due 12/15/09. Failure to remit payment by 12/15/09 may result in the cancellation of your Camper's registration. A \$100 late fee will be assessed if payment is received after 12/15/09.
4. Camper registration is determined by the date and time an application is received. Camper registration will begin on 10/16/09, at 9 am for returning campers and on 11/1/09, at 9 am for new campers. If, on the first day of registration, more applications are received than spaces are available for a specific program, a random drawing will be held to include all complete applications. Campers not randomly selected will be provided with other camp options, if available.
5. The balance of camp fees is due in full by 4/1/10. Failure to pay in full by 4/1/10 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 4/1/10. Non-refundable fees are non-transferable. All cancellations or changes to programs must be in writing.
6. 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 1/15/10.
7. A Tamarack Camps Medical Form (signed by a physician and parent or guardian) must be received by 5/1/10. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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 address: _____

SEND A KID TO TAMARACK

In order to enjoy a summer at Tamarack Camps, many of our campers receive financial assistance. If you are able, please consider a tax-deductible donation to Send a Kid to Tamarack.

Donation amount: \$ _____

Check enclosed

Charge my credit card

Bill me

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