

Camp Sewataro

One Liberty Ledge ☞ Sudbury, MA 01776
978.443.3100 ☞ 978.443.8153 (fax)
camp@sewataro.com ☞
www.sewataro.com



2012 Application

Please print and sign one form per child.

Camper Information

Name (Last, First) _____

Gender (please ✓ one) M F

Grade in Sept '12 _____

School Attending in Sept '12 _____

Birth date (mm/dd/yyyy) / /

Age on 7/1/12 _____

Did camper attend Sewataro in 2011? yes no

Past Sewataro Family? yes no If not, how did you hear about Sewataro? _____

Tee Shirt Size

Youth Small (4-6) Youth Medium (8-10) Youth Large (10-12) Youth XL (12-14)

Adult Small Adult Medium

Session Information (please put a ✓ in the box next to the session(s) that your child will attend)

8 Week Session

\$4790

Session 8

June 25 – Aug 17

6 Week Sessions

\$3880

Session 1,C

June 25 – Aug 3

Session B,2

July 9 – Aug 17

4 Week Sessions

\$2595

Session 1

June 25 – July 20

Session 2

July 23 – Aug 17

2 Week Sessions

\$1390

Session A

June 25 – July 6

Session B

July 9 – July 20

Session C

July 23 – Aug 3

Session D

Aug 6 – Aug 17

More on reverse →

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2012 Enrollment Agreement

1. Registration fee: I acknowledge that a \$300 registration fee for each child (deductible from tuition) is required with this application. Once a child is enrolled, the registration fee is not transferable or refundable for any reason.
2. Balance of tuition: The balance of the tuition is due within one month of enrollment. No refund will be made for absence or withdrawal.
3. The Directors reserve the right to dismiss a camper when, in their judgment, a camper's behavior threatens the safety and/or well-being of that camper or other campers.
4. I understand that to participate at Camp Sewataro, children must be 100% toilet trained.
5. Permission is given to Camp Sewataro to use photos or videos in which my child appears.
6. Please the following box if you do NOT want your child's name and phone number released to others in his/her tribe.
7. We encourage parents to apply sunscreen to their children before they leave for camp in the morning. Tribe counselors will apply sunscreen to areas exposed to the sun unless you check the box below indicating otherwise. Sunscreen will be applied twice during the day, after each swim period.
Please the following box if you do NOT want our counselors to help your child apply sunscreen
8. I agree, on behalf of myself and any of my children enrolled in camp during the summer of 2012 at Camp Sewataro, and on behalf of our respective heirs and assigns, to assume all risk of injury to person or property resulting from, caused by, or connected with all activities of Camp Sewataro, to waive all rights and claims for damages from such activities, to release Camp Sewataro, Inc., Liberty Ledge Real Estate Trust and their trustees, agents, employees, successors and assigns from any liability for such activities, and to indemnify Camp Sewataro, Inc. and Liberty Ledge Real Estate Trust and their trustees, agents, employees, successors and assigns, for any liability from such activities.
9. The health history listed is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above.
10. I acknowledge that transportation and horseback riding are provided by independent entities which are solely and exclusively responsible for their respective operations.

In signing below, I acknowledge that I have reviewed, understand and accept the Enrollment Agreement stated above:

Signature _____

Date _____

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Parent Information

Parent 1

Parent 2

Name (Last, First)

Mailing Address

Street Address

Town

Zip

Home Phone

Cell Phone

Work Phone

Name (Last, First)

Mailing Address

Street Address

Town

Zip

Home Phone

Cell Phone

Work Phone

Most of our important communication is done through email. Please provide at least 1 valid email address below.

Parent 1 Email

Parent 2 Email

Emergency Contacts

Please provide two additional people we can contact if you are not available in case of illness or emergency:

Contact 1 Name (Last, First)

Phone

Contact 2 Name (Last, First)

Phone

Current Health Information

Please describe any current physical or emotional condition requiring special consideration while at camp:

Allergies Please put a check in the box next to all that apply and then specify.

(For example, if your child has a Peanut allergy, check the box next to Food and then write peanut.)

Seasonal

Medication

Food

Bee

Other

Does the camper use an Epi-pen? Yes No

Health History

Does the camper have or has the camper had:

- | | | | |
|--|--|---|--|
| → Asthma..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | → ADD or AD/HD..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → A disability or chronic or recurring illness.... | <input type="checkbox"/> Yes <input type="checkbox"/> No | → Mental/emotional health concerns that have been diagnosed by a professional.. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → Operations or serious injuries..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | → A significant life event that continues to affect the camper's life (abuse, death, adoption, new sibling, disaster, etc)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| → Heart Disease/Defect..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| → Convulsions/Seizures..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| → Diabetes..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| → Bleeding/Clotting..... | | | |

Please explain "yes" answers and how they might affect your child's safe participation in camp activities?

Please list all medications your child is currently taking:

Insurance

Do you carry family medical/hospital insurance? Yes No

We are unable to accept this form without insurance company and policy or group number. Please provide this information below:

Name of Insurance Co.

Policy or Group #

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Authorization for Over-the-Counter Medication

If you wish the camp nurse to be able to administer over-the-counter medication such as Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin) or Benadryl, this form must be completed by a parent/guardian and signed.

Camper Name

Tylenol Advil/Motrin Benadryl Other

Precautions or limitations:

I hereby request and authorize the camp nurse to administer the medication designated above.

Signature

Date
