



Please be sure you have completed the online application before submitting these forms.

TO COMPLETE YOUR CHILD'S APPLICATION FOR SUMMER 2017:

- 1. Please read the Camp Pembroke Policies.**
- 2. Read, complete, sign and mail to us:**
 - a. Camp Pembroke Camper Contract (to be signed by Camper & Parent.)**
 - b. Parent Authorization form (to be signed by Parent.)**
 - c. Permission to Treat form (to be signed by Parent with copy of Health Insurance Card and Prescription Card [if separate].)**
- 3. Prepare the Tuition Deposit check, including your child's or children's name(s) on the check to insure proper credit. Please make check payable to Camp Pembroke.**
Note: Your deposit is non-refundable.

- 4. Mail all Forms with the Tuition Deposit to:**

**CAMP PEMBROKE
888 WORCESTER ST., SUITE 350
WELLESLEY, MA 02482**



CAMP PEMBROKE POLICIES

TUITION POLICIES: The Camp Pembroke tuition includes room, board, staff supervision, laundry, and the complete program including special programs, out of camp trips including spending money, camp yearbook and medical coverage (see below). (1) Tuition must be paid in full by April 3, 2017, unless prior arrangements have been made. Enrollments received after April 3rd must be accompanied by full payment, which is not refundable. (2) After a place in camp has been reserved, there will be NO refund of the deposit. (3) After your child has been accepted to camp, **any change from the 7-week session to a 3½-week session will result in a \$200 surcharge.** (4) Camp store purchases (i.e. fees for special electives, t-shirts, candy, toothbrush, etc.) will be payable at the close of camp. (5) Parents of 8th, 9th and 10th graders will be billed in advance of opening day of camp for additional trips and programs.

REFUNDS: There will be no refunds, reductions or return of fees for campers sent home for disciplinary problems or for late arrivals and/or early departures. It is the responsibility of the campers' family to pay for all costs incurred due to late arrival and/or early departure regardless of the reason, unless otherwise agreed to in writing. No refund is available for discontinuation of the camp season due to acts of God, natural disaster, acts of war, terrorism, or epidemics. Refunds, when issued for documented medical reasons, will be pro-rated at a rate of \$125 per day.

THE CAMP PEMBROKE CAMPER CONTRACT: Please be familiar with the guidelines described in the Camp Pembroke Camper Contract which you and your child must agree to observe during their stay with us.

The director reserves the right to send home any camper whose influence or actions are deemed harmful or disruptive to the camp or other campers, or who do not follow the rules, regulations and policies of the camp, including but not limited to those listed in The Camp Pembroke Camper Contract. Although also listed on the next page, we cannot emphasize enough that being in the presence of, the use, or possession of alcohol, tobacco, marijuana, illegal, illicit or controlled substances (including drugs) is specifically prohibited at all times at camp and on camp trips, and is grounds for the camper to be sent home at your expense.

Please make sure that you clearly describe and discuss these policies with your child before their departure for camp. It is not our wish to send any camper home for disciplinary reasons. We also reserve the right to withdraw any camper who arrives at camp with pre-existing injuries, or medical or mental health issues, which have not been documented prior to arrival if those conditions cannot be reasonably accommodated without disruption of normal camp operations.

MEDICAL INSURANCE: While at camp, campers will be covered by his/her parents' or guardians' health insurance. A **camper health form and medical insurance card** must be on file in our Health Center before a camper arrives at camp. Every camper must be covered by some medical insurance during their time at camp. Families who send their children from outside the US must have valid medical insurance for their child while at camp. Camp Pembroke carries Camper Accident Insurance to cover costs if a child gets injured at camp. Families are responsible for co-payments on doctor visits, prescriptions, etc. for all other medical needs. To consolidate your billing, these fees will be charged to your canteen account. Non-camp related medical expenses will either be billed directly to you from the medical care provider or will be added to your camper's canteen account. Any dental, orthodontic or optical work will be billed to the parent or guardian.

NOTE: Parent(s) or Guardian(s) must sign a Permission to Treat authorization.

IMMUNIZATION POLICY: All children attending Camp Pembroke are required to show proof of up-to-date, age-appropriate immunizations; unless a valid health reason prohibits it. Campers will be unable to attend without them. Camp safety and public health are important to the Cohen Camps. The vaccination of all members of the camp community ranks as a key component in maintaining a safe environment and decreases the risk of transmission of preventable diseases. The complete list of required immunizations and exemptions can be found on the Health History Form.

VISITING DAY: Visiting day is Sunday, July 23rd for **Season** campers only. Campers may not leave camp with anyone other than their own parent(s) or guardian(s) without prior **written** permission from a parent or guardian.

Camper's Name: (First) _____ (Last) _____

THE CAMP PEMBROKE CAMPER CONTRACT

The Camp Pembroke Camper Contract is designed to insure that Camp Pembroke is a happy, safe and productive community for everyone. Here are the conditions under which we accept your participation. Read them carefully before you sign the contract below.

I will do my best to be a productive member of camp and will make an effort to improve our camp community every day. Whether I am in or out of camp, my actions will reflect positively on Camp Pembroke, my family and me. I will respect our Jewish culture and values by treating every member of the camp community with respect and compassion, and in the same manner that I wish to be treated. I will participate in prayers and services, and respect the rules of Kashrut. I will respect other people's belongings and space and will not touch other people's things without their permission. I understand that theft will not be tolerated. I will take responsibility for my personal belongings and understand that Camp Pembroke will not be responsible for lost or damaged property kept in cabins or other camp buildings. I will contribute to keeping camp facilities properly cleaned and maintained by participating in camp and cabin chores.

As a member of the Camp Pembroke community, I will abide by the following rules and regulations:

- No Hazing, bullying or any other form of violent behavior whether consensual or not will be tolerated under any circumstances.
- No intimidation, threats of violence, sexual harassment or other forms of inappropriate controlling behaviors, either verbal, physical or written.
- No profanity or disrespectful comments, including but not limited to those regarding race, gender, disability, sexual orientation or religion.
- No physical sexual behavior or contact, with or without consensual agreement.
- No possession of pornographic materials.
- No writing on the walls or furniture at camp or defacing any property in or out of camp. Graffiti and other forms of vandalism will not be tolerated and any infractions may be assessed a substantial monetary fee.
- No communication devices are allowed at camp.
- No piercing or tattooing.
- No leaving the camp property except on organized camp trips or with my parent(s) or guardian(s). To leave camp with someone else, written permission from a parent or guardian is necessary. Attendance at activities, meals and evening programs is mandatory, unless the director(s) and/or health center grant an exception.
- No leaving the cabin after lights out or before line-up except by permission of administrative staff only.
- No use, possession, or being in the presence of alcohol, tobacco, marijuana or any other illegal, illicit, or controlled substances or drugs at camp or on camp trips.
- No weapons including any object that may be used to bring harm to another person. Weapons include but are not limited to fireworks, lighters, matches and any other incendiaries.
- Appropriate clothing and footwear must be worn at all times.
- ALL MEDICATIONS (prescription or non-prescription) must be kept in the health center at all times. Exceptions include asthma inhalers, epi-pens, acne skin creams and Lactaid pills.
- 9th and 10th graders will be required to help "wait" tables for lunch and dinner.

I HAVE READ THE CAMPER CONTRACT IN FULL, AND I PROMISE TO ABIDE BY THE RULES AND REGULATIONS FOR CAMPER PARTICIPATION. I WILL READ THE RULES AND GUIDELINES DESCRIBED IN THE CAMP'S FAMILY HANDBOOK, AND WILL ABIDE BY THEM. I WILL ADVOCATE FOR MYSELF IN ORDER TO GET THE MOST OUT OF MY ACTIVITIES, AND I WILL NOT ENGAGE IN ANY ACTIVITY THAT PUTS MY OWN OR OTHER PEOPLE'S HEALTH OR SAFETY AT RISK. I UNDERSTAND THAT, SHOULD I BREAK THIS AGREEMENT, I MAY BE SENT HOME WITHOUT REFUND AT MY PARENTS' EXPENSE.

CAMPER SIGNATURE _____ DATE _____

I HAVE READ THE CAMP PEMBROKE CAMPER POLICIES AND CONTRACT IN FULL, AND I AGREE TO BE BOUND BY THEIR TERMS AND CONDITIONS. I HAVE REVIEWED AND EXPLAINED THE "CAMPER CONTRACT", AS WELL AS THE RULES AND REGULATIONS OF CAMP, TO MY CHILD. I WILL ALSO READ THE RULES AND GUIDELINES OF THE CAMP'S FAMILY HANDBOOK WITH MY CHILD, WHO WILL ABIDE BY THEM. I FURTHER UNDERSTAND AND AGREE THAT SHOULD MY CHILD FAIL TO FOLLOW THE RULES AND REGULATIONS DESCRIBED ABOVE, THAT SHE MAY BE SENT HOME AT MY EXPENSE. BY SIGNING THIS FORM I AGREE TO BE RESPONSIBLE FOR PAYMENT OF THE AMOUNTS DUE UNLESS OTHER ARRANGEMENTS ARE MADE. I UNDERSTAND AND AGREE THAT THIS DOCUMENT MAY BE MAINTAINED IN ELECTRONIC FORM ONLY.

PARENT SIGNATURE _____ DATE _____

Camper's Name: (First) _____ (Last) _____

PARENT'S AUTHORIZATION

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that she is familiar with these rules and will obey them.

My child has permission to engage in all prescribed camp activities except as noted by my physician or me in writing. I have reviewed and signed the Permission to Treat form for my child.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Massachusetts, and shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

I hereby release the use of photographic and video images and work product of the above registered camper for the purpose of camp promotion, marketing and display to the general public.

I HAVE READ THE POLICIES WRITTEN ON EACH PAGE OF THIS REGISTRATION FORM INCLUDING THE "CAMPER CONTRACT" AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS SET FORTH. I FURTHER AGREE THAT I HAVE REVIEWED AND EXPLAINED THE "CAMPER CONTRACT" AS WELL AS THE RULES AND REGULATIONS OF CAMP TO MY CHILD SO THAT THE CAMP EXPERIENCE IS A POSITIVE ONE FOR MY CHILD AS WELL AS OTHERS.

BY SIGNING THIS FORM I AGREE TO BE RESPONSIBLE FOR PAYMENT OF THE AMOUNTS DUE UNLESS OTHER ARRANGEMENTS ARE MADE.

I UNDERSTAND AND AGREE THAT THIS AUTHORIZATION MAY BE MAINTAINED IN ELECTRONIC FORM ONLY.

PARENT'S/GUARDIAN'S SIGNATURE

PRINT PARENT'S/GUARDIAN'S NAME

DATE

Camper Name

Birth Date

Female



PERMISSION TO TREAT

**Place your Medical Insurance Card here
FACE UP**

and

Photocopy

**Place your Prescription Card here
FACE UP**

and

Photocopy

**Place your Medical Insurance Card here
FACE DOWN**

and

Photocopy

**Place your Prescription Card here
FACE DOWN**

and

Photocopy

Please read the following statement carefully before signing.

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I understand that part of the Camp experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I understand and agree that this authorization may be maintained in electronic form only.

SIGNATURE	DATE
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Please complete and return to:

Camp Pembroke ♦ 888 Worcester St., Suite 350 ♦ Wellesley, MA 02482