



Student Name: _____ Age: _____ Birth Date: _____
 Today's Date: _____ Name of School Student attends: _____
 Parent/Guardian Names: _____
 Contact Numbers: _____
 Email: _____
 Credit Card # _____ Exp. Date _____ Zip Code: _____
 Mailing Address: _____

Where did you learn about Stowe Summer Camp? Web Site newspaper Other: _____

Stowe Summer Camp runs from 8:00am to 5:00pm daily. Campers may join us by the week or by the day. Families may choose our off site activities for the full-day, or remain on site for a full-day or a half-day.

Pricing:

Camp fees are \$77.00 per child per day for off site activities, \$62.00 for on site, and \$50 for half-day. These prices include all transportation and most professional instruction costs. (add \$5/day for Horseback Riding) For an additional \$10.00 we can provide lunch and snacks.

Make checks payable to *Apple Tree Learning Centers* or provide credit card information.

Please send this registration form and \$25 registration deposit to:
 Stowe Summer Camp, 1056 Mountain Road, Suite #16, Stowe, VT 05672.

Email: Stowesummerncamp@appletreelc.com

Reservation/Cancellation Policy:

\$25 cash, check, or credit card deposit to reserve (no American Express). Cancellation more than 24hrs prior will result in loss of deposit only. Cancellation after 24hrs prior will result in full charge.

To Register: check the correct box				
Week :	Activity:	Off Site Full Day	On Site	
			Full Day	Half Day
6/20-24	Horseback Riding			
6/27-7/1	Tennis Camp			
7/5-8	Rock Climbing			
7/11-15	Sailing Camp			
7/18-22	Gymnastics			
7/25-29	Mountain Biking			
8/1-5	Clay Art Camp			
8/8-12	Ice Skating			
8/15-19	Canoeing			
8/22-26	Fishing			

Program Dates Requested:

Payment:

Tuition \$ _____
 (Lunch) (\$ 10.00)
 Total Due \$ _____
 (– \$25 deposit) \$ _____ (if pre-paid)
 Amount Enclosed \$ _____
 Balance Due \$ _____

Medical Emergency Form:

If neither parent can be reached, in case of emergency call:

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist _____ Phone: _____

Allergies: _____ Medications: _____

Dietary Requirements: _____

Disabilities: _____

Permission Form:

Emergency Treatment: In the event of an illness or accident that requires immediate medical treatment, I give permission for the director or counselors at APPLE TREE LEARNING CENTERS STOWE SUMMER CAMP to authorize or perform such treatment. I will not hold Apple Tree Learning Centers, child-care workers, or medical personnel responsible.

Parent/ Guardian

Date

Transportation: I give permission for my child to be transported in the Apple Tree vehicles to and from all off-site programs and activities.

Parent/ Guardian

Date

Swimming: I give permission for my child to swim in the indoor and outdoor pool and participate in water play, which may include swimming at various outdoor locations such as the West Branch, the Ryder Brook, Lake Elmore, etc.

Parent/ Guardian

Date

Topical Lotion/Medication: I give permission for my child to receive the following:

___ Sunscreen ___ Insect Repellant ___ Pain Reliever (Advil/Tylenol)

Parent/ Guardian

Date

Publicity and Research: I give permission for my child's photograph to be used in publicity for Apple Tree Learning Centers. I give permission for my child to be included in evaluations and pictures connected with the Stowe Summer Camp program.

Parent/ Guardian

Date

I hereby assume all risk of injury to my child arising out of his/her participation in this Apple Tree Learning Centers Stowe Summer Camp program. I specifically release Apple Tree Learning Centers from any and all liability, including negligence (active or passive) as to any right of action or claim to relief. I further hold Apple Tree Learning Centers and the Golden Eagle Resort and each of its owners and employees harmless from any and all liability, actions, causes of actions, debt claims and demands of every kind and nature whatsoever which now have or which may arise from or in connection with my child's participation in any other activity related thereto.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature of parent

Date