



Cornell University
Cooperative Extension
Nassau County

Dorothy P. Flint Nassau County 4-H Camp Application (2 pages)



Return to:
DPF Nassau County 4-H Camp Office
Cornell Cooperative Extension of Nassau County
5 Old Jericho Turnpike
Jericho, NY 11753
[P] 516 433-7970 x 11 [F] 516 433-7971

How did you hear about our camp?
(Check only one)

Alumni	<input type="checkbox"/>	Friend/Family	<input type="checkbox"/>
LI Parent	<input type="checkbox"/>	Email	<input type="checkbox"/>
LI Fair	<input type="checkbox"/>	Camp Fair	<input type="checkbox"/>
School	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Camper's Name: Last _____ First _____

Home Address: _____ Town: _____ State: _____ Zip: _____

Date of Birth: _____ Grade Entering Fall '18: _____ Gender Identity: _____

Primary Parent or Guardian: Last _____ First _____

Home Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Secondary Parent or Guardian: Last _____ First _____

Home Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Additional Camper Information: Has camper....

Ever attend camp before? Y / N Sleepaway camp? Y / N DPF 4-H Camp? Y / N If yes, how many summers? _____

Bunk with request: A maximum of two friend requests may be made. Requests are not guaranteed.

Name: _____ Name: _____

2018 Sessions	Early Bird Expires Feb 15, 2018	Winter Special Expires March 20, 2018	Regular	Non Nassau County Additional Fee	MUST BE PAID WITH DEPOSIT					TOTAL
					BUS (ONE WAY)					
					STAY OVER-WEEKEND \$200 per session	HORSE/EQUINE *	ROPES *	TO CAMP	FROM CAMP	
Mini-Camp 1 June 25 - 27	\$350	\$350	\$350	\$0	X	X	X	\$50	X	
Mini-Camp 2 July 16 - 18	\$350	\$350	\$350	\$0	X	X	X	\$50	X	
1 June 25 - 30	\$630	\$685	\$730	\$25	June 30 - July 2	\$175	\$125	\$50	\$50	
2 July 2 - 7	\$630	\$685	\$730	\$25	July 7-9	\$175	\$125	\$50	\$50	
3 July 9 - 14	\$630	\$685	\$730	\$25	July 14-16	\$175	\$125	\$50	\$50	
4 July 16 - 21	\$630	\$685	\$730	\$25	X	\$175	\$125	\$50	\$50	
5 July 23 - 28	\$630	\$685	\$730	\$25	July 28 - 30	\$175	\$125	\$50	\$50	
6 July 30 - Aug 4	\$630	\$685	\$730	\$25	Aug 4-6	\$175	\$125	\$50	\$50	
7 Aug 6 - 11	\$630	\$685	\$730	\$25	Aug 11-13	\$175	\$125	\$50	\$50	
8 Aug 13 - 18	\$630	\$685	\$730	\$25	X	\$175	\$125	\$50	\$50	
FULL PAYMENT is required by rate expiration to receive discount.					DEPOSIT OF \$200 PER SESSION _____ SESSIONS =					
AFTER May 15 Full Payment required with registration					\$25 per week multi child discount available on second child registration or on the shorter registration					
* Additional form must be completed					TOTAL ENCLOSED					

*\$200 non refundable deposit is required for each session enrolled.
All additional programs must be paid in full at time of registration and are non-refundable.*

By registering agree to the following:

- Registration is on a first come, first serve basis. Rates will be determined by post mark date or date stamp via fax or email.
- Checks must be made payable to Cornell Cooperative Extension Nassau County. There will be a \$50 charge on all returned or stopped checks. Credit Card Payments will be processed upon receipt of application.
- Cancellation Policy: All requests for refunds must be made in writing with proper documentation. On a CCE-NC Refund Request form. There will be no refunds on special program fees and all camper weeks are subject to a \$200 processing fee per week. No refunds will be granted after June 1st. No refunds will be granted if campers do not arrive at camp when scheduled or who do not complete all required forms before arrival at camp. No refund for inclement weather or weather cancellations beyond our control. No refunds will be granted if a camper is sent home for behavioral reasons included but not limited to; violating camp rules and policies (see parent handbook), homesickness, non-compliance, failure to thrive (e.g; not eating, sleeping or participating). A prorated refund will be considered for remaining camp stays if a camper becomes ill or injured at camp and the Camp Health Director or Camp Director (or designee) determined that he/she is unable to participate in camp activities and must be sent home. Refunds take 4 to 6 weeks to be processed and will be issued in the form of a check.*Full Refund policy available on our website.
- The camp will only release campers listed on this form as parent/guardian or listed on health form as emergency contacts. Should you need additional people listed it will need to be done in writing by either letter, email or fax.
- Campers must be picked up by 9 a.m. at the end of their session unless registered for the stayover weekend.
- Cornell Cooperative Extension is required to obtain a permit to operate from the New York Department of State. The Camp is also required to be inspected twice each year by the permit issuing authority. Information concerning these inspections is filed with the Suffolk County Department of Health, 360 Yaphank Ave., Yaphank, NY 11980
- I authorize that my child will be participating in an on-site swimming activity on the Long Island Sound. This bathing beach is licensed to operate a pool under the NY State Sanitary Code and I hereby give permission to do so.
- I authorize that my child has permission to carry and use sunscreen and bug spray during the camp season. If my child needs assistance with application I authorize camp staff to assist.
- Photo Release: Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.
- Emergency Transportation: Do hereby authorize, licensed representatives of Cornell Cooperative Extension and Cornell University to provide transportation in an authorized vehicle for my child in the event of a weather, evacuation or medical emergency.
- Transportation: Do hereby give permission for my child to participate in field trips to Cornell University Research Lab when/if scheduled. Such trips will be chaperoned by camp staff.
- Emergency Treatment: I hereby give permission to the camp to provide and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related 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 to secure and administer treatment, including hospitalization, for the person named on this application.
- Acknowledgement of Risk: I hereby apply for my child to participate in the summer residence camp program conducted by Cornell Cooperative Extension Nassau County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in camp and its programs and activities and my child's use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept and agree to these risks and dangers. My child is in good health and is at or above the minimum age of 8 required to participate in camp and all camp activities including those listed below and he/she is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all camp materials describing the various activities and programs conducted by the camp. I HAVE READ THE ABOVE AND BY SIGNING I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN CAMP AND ALL ACTIVITIES AND PROGRAMS OF THE CAMP AND I UNDERSTAND AND FULLY ACCEPT THE RISKS INVOLVED. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participating in DPF 4-H Camp activities shall be venue in the Supreme Court of the State of New York, Suffolk County.

- For the Horse/Equine and High Ropes Program additional waiver must be completed. Failure to complete will result in non participation. No refunds will be issued.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on the behalf of any other parent/guardian of the child named herein.

Participant's name (PRINT) _____ Signers Name (Print) _____
Signers Signature _____ Authorization Date _____

Payment information: Check Included Visa MasterCard

I authorize Cornell Cooperative Extension to charge my credit card the amount on the front side of this application.

Account Number: _____

Expiration Date: _____ Card Holders Signature: _____