

CAMP BEECH CLIFF



Mount Desert Island

2010 Camp Registration

Mail to: Camp Beech Cliff, PO Box 381, Mt. Desert, ME 04660

Phone: 207-244-0365 Fax: 207-244-3355



Check www.campbeechcliff.org for status of online registration!

Camper Information - Permanent Address

Camper's Name _____ Nickname _____ Female ___ Male ___

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Birthdate _____ Grade in Fall 2010 _____ School in Fall 2010 _____

T-shirt Size (select one): YOUTH: small medium large ADULT: small medium large x-large

Camper lives with: both parents joint custody mother father other: _____

How did you hear about Camp Beech Cliff? _____

Parents/Guardians at Camper's Permanent Address

Parent/Guardian 1 at Camper's permanent address: Prefer correspondence by Email Postal mail

Name _____ Relationship to Camper _____

Employer _____ Occupation _____

Phone Numbers: Home _____ Work _____ Cell _____

Email _____

Parent/Guardian 2 at Camper's permanent address: Prefer correspondence by Email Postal mail

Name _____ Relationship to Camper _____

Employer _____ Occupation _____

Phone Numbers: Home _____ Work _____ Cell _____

Email _____

Parent/Guardian at Different Address (if applicable)

Parent/Guardian at different address (if applicable): Prefer correspondence by Email Postal mail

Name _____ Relationship to Camper _____

Mailing Address _____ May pick up Camper

City _____ State _____ Zip _____ Email _____

Employer _____ Occupation _____

Phone Numbers: Home _____ Work _____ Cell _____

Summer Information (if different from Camper Information - Permanent Address)

Parent or Guardian at this address: Prefer correspondence by Email Postal mail

Name _____ Relationship to Camper _____

Summer Mailing Address _____ Dates at this address _____

City _____ State _____ Zip _____ Email _____

Employer _____ Occupation _____

Phone Numbers: Home _____ Work _____ Cell _____



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Camper's Name _____

Parent/Guardian Agreement

Deposits/Fees: We enclose a registration fee of \$50 (\$25 for Campership applicants) for each week of camp for which we are registering. We understand that this deposit is non-refundable after May 15, 2010. We understand that if space allows, deposits may be transferred to a different camp session for the camper on this registration. Deposits may also be transferred to another member of the camper's immediate family.

In order to avoid forfeiture of deposit, requests for transfer of deposit must be received in writing at least two (2) weeks prior to the original week being changed and be approved by Camp Beech Cliff.

Cancellations of a camp session must be received in writing, at least two (2) weeks prior to the cancelled week, in order to avoid being charged the final balance amount.

Balance of payment for a camp session MUST be received by Camp Beech Cliff TWO (2) weeks prior to the start of the camp session.

Failure to adhere to this requirement may result in loss of deposit and/or loss of the camper's reservation for the session. Exceptions may be made; these must be in writing and signed by both the adult responsible for payment and either the Office Manager or the Executive Director of Camp Beech Cliff.

Non-Sufficient Funds: A \$25 fee will be charged for any checks returned due to insufficient funds.

Withdrawals/Cancellations: The family is responsible for the entire tuition if camper withdraws less than two weeks prior to the start of a camp session, arrives late in the session, or leaves early. Notification of cancellation must be received by Camp Beech Cliff in writing no later than two weeks prior to the start of a camp session.

Medical History: The State of Maine requires that we have a medical history form including a record of immunizations signed by a parent/guardian for each participating child.

This form MUST be received in the camp office no later than TWO (2) weeks prior to the camper's first session.

Photo Release: Unless initialled and dated here to the contrary, we permit the use of any photos taken during camp activities for publicity, promotion or other commercial purposes.

- You may use images of my child as long as no identifying information is associated with the image.
- Please use NO images of my child in any way.

Parent or Guardian initials _____ Date _____

Waiver/Release: I hereby grant permission for my child listed on this registration form to participate in all camp activities with the understanding that good safety practices and adequate supervision are provided by Camp Beech Cliff. Camp Beech Cliff is a non-profit organization in the State of Maine that is accredited by the American Camp Association (ACA). Camp Beech Cliff will provide my child with an opportunity to participate in activities including (but not limited to) active games and sports, archery, performing arts, creative arts, nature programs and outdoor living skills, swimming, boating activities (sailing, canoeing, and kayaking), challenge (ropes) course and the climbing wall (which involve being elevated off the ground), and off-site trips using 15-passenger vans or school buses (models with newer safety features to minimize roll-overs).

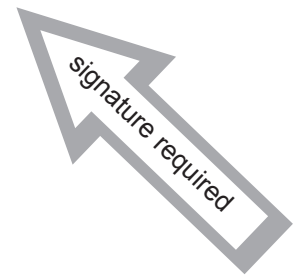
I understand that my child's participation in these activities can expose him or her to danger both from known and unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Camp Beech Cliff, their respective directors, officers, agents, volunteers, and employees, from any and all claims for liability for personal injury or property damage my child may suffer while participating in camp activities. I specifically agree to release and hereby release Camp Beech Cliff and its directors, officers, agents, volunteers and employees from any negligence of the camp.

I agree that the substantive laws of Maine govern this document and other aspects of my relationship with Camp Beech Cliff, and that any mediation, suit, or other proceeding must be filed or entered into only in Maine.

If there are any restrictions or limitations to your child participating in the above mentioned activities, please make comments below.

Signature of Parent/Guardian _____

Date _____



Each camp has limited enrollment and fills quickly. Please mail this form as soon as possible.



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Camper's Name _____

Registration Information for Camp Beech Cliff Summer Programs

Dear Parents,

We understand that many families are still facing financial hardships this year. We have chosen to continue offering free transportation for another summer, even though most camp expenses are increasing for us. We hope that this small gesture will help those in need.

If you can afford to make a tax-deductible contribution to camp to help us cover the cost of transportation which is \$25 per week, we very kindly request that you consider doing so using the contributions line on page 4 of this application form.

Another way you might help is with a campership donation (details on next page).

Thank you!

SUMMER DAY CAMP (grades 2 through 9)

Sessions	Dates	Resident [‡]	Non-Res
Session 1	June 23 - 25 [☆]	<input type="checkbox"/> \$110	<input type="checkbox"/> \$140
Session 2	June 28 - July 2	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 3	July 5 - 9	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 4	July 12 - 16	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 5	July 19 - 23	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 6	July 26 - 30	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 7	Aug 2 - 6	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 8	Aug 9 - 13	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 9	Aug 16 - 20	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Session 10	Aug 23 - 27 [‡]	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230

COUNSELOR-IN-TRAINING (CIT) * (age 15 by the starting date of their first session)

Sessions	Dates	Resident [‡]	Non-Res
Session 1	June 28 - July 9	<input type="checkbox"/> \$360	<input type="checkbox"/> \$460
Session 2	July 12 - July 23	<input type="checkbox"/> \$360	<input type="checkbox"/> \$460
Session 3	July 26 - Aug 6	<input type="checkbox"/> \$360	<input type="checkbox"/> \$460
Session 4	Aug 9 - 20	<input type="checkbox"/> \$360	<input type="checkbox"/> \$460

ANNOTATIONS:

- ‡ To qualify as a resident, the camper must be a year-round Hancock County resident.
- ☆ There are only three (3) days of camp in Session 1.
- ‡ Session 10 is limited to 100 campers.
- * The CIT Program is selective and requires an application process. If program is checked, we will send you an application.

DISCOUNTS: 10% discount for each additional immediate family member attending camp. Campers do not have to be in attendance during the same session but discounts are limited by the number of sessions multiple members attend.

CAMP PROGRAM ASSIGNMENTS: Each camper will be assigned to the appropriate camp program based on the grade s/he will be entering in fall 2010 (as indicated on Page 1 of this application):

Thunder Camp - campers going into grades 2 & 3

Lightning Camp - campers going into grades 4 - 6

Quasar Camp - campers going into grades 7 - 9

Counselor-in-Training (CIT) Program - campers age 15 by the starting date of their first session

ALL CAMPERS,
please mark your
SWIMMING LEVEL:

Non-swimmer

Beginner

Intermediate

Advanced

TRANSPORTATION is free, but it is a big expense for camp. If you can afford to make a tax deductible contribution of \$5-\$25/week (actual cost is \$25/week), that would be a big help. Thank you!

Yes, I would like transportation for my camper for the weeks for which s/he is registered.

Bus Stops (see Transportation Schedules at our website or call us)

Pick-up _____

Drop-off (if different) _____

I will make a weekly contribution of \$ _____

OVERNIGHTS: Friday overnights will begin the 3rd week of camp. Signup form will be included in the parent packet. Space is limited. Note: child does not need to be attending camp the week of the overnight. The 2010 schedule is: Thunder - July 9 & 30; Lightning - July 16 & August 6, Quasar - July 23 & August 13. The overnight fee is \$35. Parents of overnight campers are welcome to join in the cookout from 5:00 - 6:30 p.m.



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Camper's Name _____

Person Responsible for Payment

Person Responsible for Payment:

Ok to email financial information? Yes No

Name (please PRINT) _____ Relationship to Camper _____

 _____ Date _____

Fill in the following information only if not already given on page 1:

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Phone Numbers: Home _____ Work _____ Cell _____

Deposit and Payment Information

A \$50 deposit (\$25 for Campership applicants) for each week is required with the registration form. Deposits are non-refundable after May 15, 2010. Final weekly balances are due two weeks prior to the particular week your child attends camp. Cancellations or changes must be submitted in writing and received two weeks prior to the cancelled week, in order to avoid being charged the final balance amount. Changes are contingent on space being available.

_____ Number of sessions being registered for

x \$50 (\$25 for Campership applicants)

We are submitting a Campership application

= \$ _____ Total deposit due with registration form

+ \$ _____ Amount of balance you'd like to pay now

+ \$ _____ Contribution: one week campership - \$180

Thank you!

two week campership - \$360

other amount for camperships

for camp operations (including transportation)

Camp Beech Cliff is a private, nonprofit 501(c)(3) organization and all contributions are tax deductible to the full extent allowed by law.

= \$ _____ Total remittance with this application form

Confirmation: Upon receipt of your registration & deposit, we will send a letter of confirmation, an initial financial statement, medical forms, and a Parent Handbook.

CAMPERSHIPS: A limited number of Camperships based on financial need are available to help offset the cost of camp for campers who are year-round residents of Hancock County. If you would like your child to be considered for a Campership, please complete the Campership Application and return it to Camp Beech Cliff as soon as possible. Most camperships will be awarded by May 28. Application forms are available at our website or by calling our office.

www.campbeechcliff.org (207) 244-0365

SEND A KID TO CAMP

Contribute to the Campership Fund

We believe that every child who wants to should be able to come to Camp, so we keep fees low. The fees actually cover only half of the real cost of camp. For those who cannot afford even that, camp provides partial and full scholarships. We depend on community contributions to help ensure that all children who want a great camp experience can have it. Will you help?

Thank you!

Credit Card Information and Authorization

Visa Mastercard

Name on Card _____
(please print)

Card Number _____

Expiration Date _____

Please choose (check) one of the two options below:

Authorized amount for initial billing: \$ _____

Please charge my account listed for billed amounts as they become due.

Authorized Signature _____

Date _____