

(For Office Use)

Date: _____

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A Residential Camp for Boys and Girls Ages Seven to Sixteen

2006 APPLICATION

SESSION DATES

Please select session(s):

- Session 1 1-week, June 18 - June 24 Session 3 2-weeks, July 9 - July 22 Session 5 2-weeks, July 30 - Aug 12
 Session 2 2-weeks, June 25 - July 8 Session 4 1-week, July 23 - July 29 Session 6 1-week, Aug 13 - Aug 19

The cost of each one-week session is \$ 675. Each two-week session is \$ 1,330. You may wish to combine multiple sessions for a longer stay. We discourage splitting a 2-week session, and give priority to those campers who register for the full 2-week session. There is an additional charge of \$25.00 for special "stay-over" trips for those campers staying between sessions.

CAMPER INFORMATION

Camper's Full Name _____ Likes to be called _____

1. Home Address _____ E-Mail Address _____

City _____ State _____ Zip _____ Home Phone # _____

Male Female (check one) Date of Birth _____ Age as of June 1, 2006 _____ Grade entering in Fall 2006 _____

School Attending _____ Camp previously attended _____ # of years _____

Names and ages of brothers and sisters _____

How did you learn of CSM? _____ If a return camper, how many years have you been coming to CSM? _____

I would like to be in a cabin with _____

(You and your requested cabin mate should be approximately the same age. We do our best to honor mutual requests.)

PARENT OR GUARDIAN INFORMATION (please circle one)

Mother's/Guardian's Name (Dr./Mrs./Ms.) _____ Daytime Phone # _____

Cell Phone # _____ E-mail Address _____

2. Address (if different from camper's) _____

Father's/Guardian's Name (Dr./Mr.) _____ Daytime Phone # _____

Cell Phone # _____ E-mail Address _____

3. Address (if different from camper's) _____

Camper lives with: Mother Father Both parents (together) Legal Guardian

Additional name and address you would like us to have for our records, i.e. grandparents, step-parents, etc. (optional)

4. _____

Additional Name	Street Address	City	State	Zip	Phone
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Important: We will assume address #1 above is the address to which all information should be sent. If otherwise, please indicate below.

Choose from lines #2-4 listed above:

Pre-camp information (health form, equipment list, etc.) _____ Billing _____ Periodic letters/mailings _____

GENERAL EXPECTATIONS

At Camp Staunton Meadows, *trust, communication, honesty, and respect* are keys to a *successful community*. Although some expectations and rules may be decided within a cabin group, there are some that are simply not negotiable that relate to safety, the law, and camp standards. Some examples of such expectations include using safety equipment (lifejackets in all boating, safety helmets in all riding), properly using and caring for all equipment, and remaining in the supervision of a staff member at all times. For health, safety, privacy or other reasons, repeated failure to adhere to such standards may lead to dismissal from camp. The following is absolutely not permitted by campers or staff at CSM: Possession of firearms or other weapons, the use and/or possession of illegal drugs/and or alcohol, and the use of any tobacco products. Disregarding these policies leads to dismissal.

I promise to abide by the rules of Camp Staunton Meadows, to show integrity and to participate in a positive manner.

Camper's Signature _____ Date _____

I WOULD LIKE TO RECOMMEND TO CAMP STAUNTON MEADOWS THE FOLLOWING CAMPERS:

Camper's Name

Parent's Name

Street Address

City, State, ZIP

CONFIDENTIAL CAMPER INFORMATION

Please include any insightful information about your child to help us provide your camper with a healthy, happy, and meaningful experience. Indicate any special situations (traumatic changes: i.e. new location, school, separation or divorce, death in family, etc). Use an additional sheet if necessary. _____

What advice do you have in handling challenging circumstances with your child? _____

What are your expectations for your child's camp experience? _____

SPECIAL ALLOWANCES

- Deduct \$25 for each camper whom you recruit (your siblings and previous CSM campers do not count.)
Campers whom we have recruited: _____
- If more than one child from a family enrolls at CSM, you may deduct from the first application \$25 for each child, not including the first child (Example: if three siblings attend camp, deduct a total of \$50.)

DEPOSIT AND PAYMENT

A nonrefundable deposit of \$125 for each one week session, or \$250 for each 2-week session must accompany this application. The deposit will be credited to your total camp tuition. One half of tuition is due by March 15th; the remaining tuition is due May 1st.

REFUND AND CANCELLATION

If a cancellation is necessary, 50% of the tuition (less deposit) will be refunded if notice is received prior to May 15th. After May 15th, tuition is nonrefundable. In the event that your child enrolls in camp and withdraws because of homesickness or is asked to leave because of any misconduct, there will be no refund.

AGREEMENT

We, the undersigned parents (or guardians) of the camper named on this application (hereinafter referred to as "the child"), acknowledge that we are aware of the types of activities in which the child will be participating during his or her attendance at Camp Staunton Meadows during the 2006 season and that we have been given ample opportunity to ask any questions which we may have about the environment in which the child will live and the activities in which he or she will participate during his or her attendance at Camp Staunton Meadows. We are aware of the dangers that are inherent in the operation of any children's camp and in the child's participation in all camp activities on or off the premises of said camp including, but not limited to, hiking, athletics, including bodily contact, use of tools and equipment in manual arts, arts and crafts, farming, fishing, biking, archery, water sports, go-carting, horseback riding, tree climbing, ropes course, outdoor-living skills, and vehicular travel.

We agree to have our camper examined by a licensed physician within one year prior to arrival at camp and to present, before June 1, a properly completed CSM health form documenting the date of examination as well as a record of immunizations. We further acknowledge that we have given Camp Staunton Meadows full disclosure of any physical or mental conditions, challenges or problems that the child has which might limit his or her ability to participate in any camp activities or which might endanger the child, or any other child attending Camp Staunton Meadows while participating in camp activities.

In the case of an emergency, we hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for our child. We understand that all medical bills incurred for treatment or illness are our responsibility and will be forwarded to us for payment.

We grant permission to use any photograph, video tape, or written material relating to our camper in any camp promotions and on the camp web page.

Signature of Parent or Guardian _____ Date _____
(if only one signature, consent is implied from other parent)

Please send all correspondence and payments to:

CAMP STAUNTON MEADOWS

8144 Mount Laurel Road, Clover, Virginia 24534

Phone: 434-454-7676 • Fax: 434-454-4569

E-mail: info@campstauntonmeadows.com • Website: www.campstauntonmeadows.com