



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

## **TO COMPLETE YOUR CHILD'S APPLICATION FOR SUMMER 2012:**

- 1. Please read the Camp Tevya Policies.**
- 2. Read, complete and sign:**
  - a. Camp Tevya Camper Contract (to be signed by camper & parent.)**
  - b. Parent Authorization form (to be signed by parent.)**
  - c. Bunk Request form (to be signed by camper & parent.)**
- 3. Prepare the Tuition Deposit check, including your child's or children's name(s) on the check to insure proper credit.**
- 4. Mail all three forms with the Tuition Deposit to:**

**CAMP TEVYA  
888 WORCESTER ST.  
WELLESLEY, MA 02482**



## CAMP TEVYA POLICIES

**TUITION POLICIES:** The Camp Tevya 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 2<sup>nd</sup>, unless prior arrangements have been made. Enrollments received after April 2<sup>nd</sup> 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 3 1/2 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 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> 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 \$75 per day.

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

**The directors reserve 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 Tevya 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 preexisting 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 CARE/INSURANCE:** We carry medical insurance for injuries and/or illnesses that occur while at camp at no extra cost to camp families, however, your family medical insurance coverage may be needed if the incident goes beyond the ordinary limits of our coverage, and/or for coverage of prescription medication. Please be aware that our insurance does not cover preexisting conditions. For these reasons, we require a copy of your medical insurance card. 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 account. Any dental, orthodontic or optical work will be billed to the parent or guardian.

A **camper health form and medical insurance card** must be on file in our Health Center before a camper arrives at camp. **NOTE: Parent(s) or Guardian(s) must sign a permission to treat authorization, which allows the doctor/hospital to provide emergency treatment.**

**IMMUNIZATION POLICY:** Starting in 2012, all children attending Camp Tevya 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 decrease the risk of transmission of preventable diseases. The full policy may be found on the camp website and a complete list of required immunizations and exemptions can be found on the Health History Form.

**VISITING DAY:** Visiting day is Sunday, July 22<sup>nd</sup> 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 TEVYA CAMPER CONTRACT

***The Camp Tevya Camper Contract is designed to insure that Camp Tevya 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 Tevya, 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 Tevya 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 Tevya 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 not 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 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 TEVYA 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 FURTHER UNDERSTAND AND AGREE THAT SHOULD MY CHILD FAIL TO FOLLOW THE RULES AND REGULATIONS DESCRIBED ABOVE, THAT HE/SHE MAY BE SENT HOME AT MY EXPENSE.**

**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 he or 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 hereby give permission to the physician selected by the camp director to order x-rays, routine tests and emergency treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for my child as named above.

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

I hereby release the use of photographic and video images and work product of the above registered camper for the purpose of camp promotion 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.**

\_\_\_\_\_  
**PARENT'S/GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**PRINT PARENT'S/GUARDIAN'S NAME**

\_\_\_\_\_  
**DATE**

Office Use Only  
Date Rec'd \_\_\_\_\_  
Deposit Amount Rec'd \_\_\_\_\_  
Date Accepted \_\_\_\_\_  
Session \_\_\_\_\_  
Bk# \_\_\_\_\_ Unit \_\_\_\_\_



Camper's Name \_\_\_\_\_

Session \_\_\_\_\_

## CAMPER BUNK REQUEST FORM 2012

Bunk requests will NOT be processed unless they are submitted with your Tuition Deposit, Camper Contract and Parent Authorization form.

Please provide as many requests, up to four, as possible. Providing more options increases the likelihood of RECEIVING AT LEAST ONE REQUEST.

Campers are placed in cabins as the applications are accepted, but cabin assignments will be mailed out in June.

REQUEST TO BUNK WITH: \*One name per line\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

City, State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Session:  Full Season  First Session  Second Session

Grade: \_\_\_\_\_ (entering September 2012)

School: \_\_\_\_\_

Are you a New Camper? Yes  No

If no, what bunk were you in last summer? \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Camper's Signature