



CAMP LOVEWELL

10 Groton Road, Nashua, NH 03062 (603) 881-4815 www.camplovewell.com

REGISTRATION FORM

(Summer Camp 2018)



Please use one registration form per child.

Child's Full Name _____ D/O/B _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Age on Arrival at Camp _____ M _____ F _____ Grade Entering in Fall 2018 _____

T-Shirt Size (Only available to campers registered and paid by June 1, 2018) **Circle Size:** Youth S. Youth M. Youth L. Adult Sm. Adult M. Adult L.

Email Address (to confirm registration) _____

Mother's/Guardian's Full Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Work _____
(Employer) (Address) (Position)

Home Phone _____ Work Phone _____ Cell _____

Father's/Guardian's Full Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Work _____
(Employer) (Address) (Position)

Home Phone _____ Work Phone _____ Cell _____

- A **non-refundable** \$25.00 registration fee and first week's tuition deposit are due at the time of registration. Remaining balance is due by June 1. (One annual registration fee per child applies to Camp Lovewell, 2nd Nature Farm Camp, and The Enrichment Center camps. If your child is enrolled in 2nd Nature Academy, this registration fee is waived.)
- **There are no refunds or reductions once a child is registered for any reason.**
- Spaces are limited and registration is on a first come, first serve basis.
- A \$40 processing fee will be charged for all returned checks.
- No riding lessons will be scheduled until paid in full. *All riders must come prepared to ride. No make-up/refunds for cancellations/missed lessons.*

I agree to the terms of enrollment as outlined above. Parent Signature: _____

Entering Grade	Program	Hours	Rate
K	Junior ½ Day Camp	9:00 AM-12:00 PM	\$170/wk
K	Camp with Before/After Care	7:30 AM-6:00 PM	\$380/wk
1-3	Day Camp	9:00 AM -4:00 PM	\$305/wk
4-9	Day Camp	9:00 AM -4:00 PM	\$295/wk
1-9	Before/After Camp	7:30-9:00 AM 4:00-6:00 PM	\$75/wk
Ages 6 and up	Horseback Riding Lessons	Scheduled based on availability	\$50/ Lesson
Registration fee per camper:			\$25
Please indicate level of horseback riding experience: ___ None ___ Beginner ___ Intermediate ___ Strong Intermediate			

Week	K ½ Day Camp	K with Before/ After	Gr. 1-3 Day Camp	Gr. 4-9 Day Camp	Gr. 1-9 Before/ After	Weekly Camp Subtotal	Circle # of Horseback Lessons	Horse Lesson Subtotal
6/25						\$	1 2 3	\$
7/2						\$	1 2 3	\$
7/9						\$	1 2 3	\$
7/16						\$	1 2 3	\$
7/23						\$	1 2 3	\$
7/30						\$	1 2 3	\$
8/6						\$	1 2 3	\$
8/13						\$	1 2 3	\$
8/20						\$	1 2 3	\$
Summer Registration Fee (\$25 per child)*						\$ 25		
Totals: Summer Camp Tuition (Balance due by June 1)						\$	Lessons:	\$
<i>Discounts do not apply to horseback riding or registration fee.</i>								

The following forms must be submitted for registration to be complete. No camper will be accepted if any forms are missing.

- | | |
|--|--|
| <input type="checkbox"/> 1. Camper Health History Form (online) | <input type="checkbox"/> 4. Animal Waiver/Horseback Riding Waiver (online) |
| <input type="checkbox"/> 2. Copy of Insurance Card (front & back) | <input type="checkbox"/> 5. Physician's Well-child Physical Form (from pediatrician) |
| <input type="checkbox"/> 3. Signed Camper Conduct Agreement (last page of handbook online) | <input type="checkbox"/> 6. Current Immunization Records (from pediatrician) |

Office Use Only	Date: _____	Summer Registration Fee: \$25	Discount: (Check one): ___ Early Registration ___ Sibling ___ Whole Summer
Discount Amount: _____	Total Due: _____	Deposit: _____	Check #: _____ Balance Due by June 1: _____

* Please complete next page.



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Secondary Emergency Contact Information

Additional contact in the event parent(s)/guardian(s) cannot be reached

Name _____ Phone _____

Address _____
Street City State Zip

Please indicate below any person(s) other than parent/guardian who are authorized to remove the child from the camp:

Name _____ Phone _____

Address _____
Street City State Zip

Please indicate any restrictions regarding removing the child from the camp that we should be aware of: _____

Medical Release

My child's physician is _____
Name Address Phone

My first choice of hospital is _____
Name and Address of Hospital

Insurance _____
Company Policy #

Parent Signature _____ Date _____

I hereby give permission to the medical personnel selected by the camp director to provide health care; to administer medications; to order X-rays, treatment; to release any records necessary for insurance purposes; and to provide or 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 director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

(Parent/Guardian Signature)

(Date)

General Permission

I give my child _____ permission to participate in all activities at Camp Lovewell, including but not limited to, swimming, boating, environmental programs, field trips, farm animal care, ropes course and team building activities. I understand that my child may participate in any activities and program provided by Camp Lovewell and I recognize the inherent risks of injury involved and the consequences of participation on these activities. In participating in programs at Camp Lovewell, I assume any and all risks associated with camp activities. I voluntarily release The Nature of Things LLC, Camp Lovewell and its instructors, employees, or agents from any responsibility for any injury my child, any person in my charge/control, or I sustain during any camp related activity. I agree to indemnify and hold harmless any such person on any claim for as long as I am associated with The Nature of Things LLC and Camp Lovewell.

(Parent/Guardian Signature)

(Date)

Photo Release

I grant The Nature of Things LLC and Camp Lovewell permission to photograph my child. I authorize The Nature of Things LLC and Camp Lovewell to publish my child's photo in camp brochures, videos, and public or private advertising including The Nature of Things websites and Facebook or any other promotional printed or electronic media. I understand that my child's name will not be published or posted.

(Parent/Guardian Signature)

(Date)