

MERCERSBURG SUMMER ENROLLMENT FORM 2 – 2010

Camper's Code

I agree to abide by the rules and the spirit of the rules of the Mercersburg Adventure Camps. I understand that I will respect others, respect myself, and respect the environment. In addition I agree that I will not be in possession of, use, or distribute alcohol, tobacco, and other drugs. I also agree to participate fully in camp programs and in the camp communities.

Camper's Signature _____

Date ___/___/___

Have you ever attended an overnight camp before? Yes ___ No ___

If yes, when and for how long? _____

Promotional Statement

Please be aware that we capture the spirit of camp through audio and visual means. Mercersburg Academy and our Mercersburg Adventure Camps reserve the right to use photos, video, and comments (both verbal and written) that include your camper for promotional purposes of both the school and our summer and extended programs.

Health Insurance

All campers must be covered by health insurance. The school offers a summer insurance program through our school carrier. Check the box that follows if you would like to receive information about the summer insurance program. _____

Doctor's Visit

Any campers that must visit a local physician will be charged a minimum of \$35 as a co-pay for the office visit. Transportation by Mercersburg Academy staff will be provided at no charge.

Parent/Guardian _____ (Sign Name)

Date ___/___/___

Parent/Guardian _____ (Print Name)

Date ___/___/___

Is there a friend to whom you would like us to send information?

We will let them know that you referred us to them.

Their Name _____

Parent(s) Name _____

Street Address _____

City, State, Zip _____

Is your enrollment a result of a referral from one of our families, consultants, or alumni?

If yes, please note their name and the context of their relationship to the School and/or our Adventure Camps.

Name _____

Agency/Org. _____

Relationship _____