



CAMP BILLINGS

2020 Camper Registration Form

Camper Name _____ Sex: Male Female
 Address _____
 City/Town _____ State _____ Zip _____ New Camper ? Yes No
 Date of Birth ____ / ____ / ____ (month/day/year) School grade completed in **June 2020** _____ Age in **June 2020** _____
 Alumni information or other notes _____

Guardian1 Name _____ Address (if different) _____
 Email _____
 Cell Number: _____ Home Number: _____

Guardian2 Name _____ Address (if different) _____
 Email _____
 Cell: _____ Home: _____

Emergency contact information (other than guardian):

Name _____ Telephone: _____ Relationship _____

Non-refundable deposit (\$500 per session) is required with registration. Please make all checks payable to: Camp Billings.
 (\$500 deposit/camper per session **Balance is due by 4/30/20**)

Please write **X** next to the session(s) for which you want to register.

1st Choice	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____
2nd Choice	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____
3rd Choice	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____

Policy of Admission

All tuition is due by April 30, 2019. The Board of Directors reserves the right to change the rates if economic conditions warrant. Parents will be given at least thirty days notice. Should the child be withdrawn for this reason, a refund of all tuition payments will be made. It is agreed that camp fees will be paid in full and in advance according to camp rules unless otherwise arranged with the registrar. The tuition deposit, required with this form, is non-refundable. In the case of any early departure, including for reasons of homesickness, no refund will be made. Parental cancellation of a child's registration must occur at least 1 month prior to the child's arrival at camp in order to allow time to fill the vacancy. Refunds will be made in accordance with camp rules.

I authorize Camp Billings to have and use all photographs, slides or videotapes of this camper as may be needed for public relations. I understand the camp reserves the right to reject any application and to dismiss any camper if necessary for the good of the camp. I agree that this camper will have a physical exam and a medical form completed by a physician. I hereby give permission for camper to participate in all camp activities and programs including out-of-camp supervised trips by camp's van or otherwise insured transportation and water-skiing when qualified. Camp Billings, its agents, employees, and volunteers are released from any and all claims for damage arising out of injury to my child. I certify that my son or daughter is amenable to discipline and free from habits or attitudes which would make his/her behavior unfit for camp. I have studied fees, refund and cancellation policy, schedules, bunk-in policy and rules and understand the contents thereof. This application has my consent and approval.

Signature of parent or guardian _____

Date _____

PLEASE RETURN TO CAMP BILLINGS REGISTRAR
 MARIANNE ST-LAURENT 311 VT-244 FAIRLEE, VT 05045
 REGISTRAR@CAMPBILLINGS.ORG