



Application For Summer 2008

"Camp Glen Brook Information for Summer 2008" must be read before completing this form.

Full Name of Camper _____ *Preferred first name* _____

Address _____ *Birthday* ___/___/___ *Male/Female* _____

City _____ *State* _____ *Zip* _____

From which grade is camper about to leave? (07-08) _____

Parent(s): Name _____ *Home Phone* (____)____-_____

Address (if _____ *Work Phone* (____)____-_____

different) _____ *E-mail* _____

If Parents have separate homes.

2nd Parent: Name _____ *Home Phone* (____)____-_____

Address (if _____ *Work Phone* (____)____-_____

different) _____ *E-mail* _____

Please answer the following with M(om), D(ad), or B(oth).

With whom does the child primarily live? _____

*Who gets general mailings?*___ *Who will pay account? (All responsible must sign application)* _____

Are there any restrictions regarding parental contact? No Yes (attach note)

Camper's School _____ *Teacher* _____

Town/State _____

Session Preference:

| | | |
|------------------------|--------------------|---|
| ___ Full Season | June 29 - August 9 | \$4,500, \$500 Deposit w/ application and \$4000 balance by May 1st |
| ___ 1st Session | June 29 - July 19 | \$2,550, \$500 Deposit w/ application and \$2050 balance by May 1st |
| ___ 2nd Session | July 20 - August 9 | \$2,550, \$500 Deposit w/ application and \$2050 balance by May 1st |

For First-Time Applicants

Please give the name of two references (not relatives) who know your child well:

Name _____ *Phone* (____)____-_____

Relationship to child _____

Name _____ *Phone* (____)____-_____

Relationship to child _____

How did you hear about Glen Brook? _____

I grant the following permissions and releases to Camp Glen Brook should my child enroll and attend in the summer camp program for 2008:

- I hereby give permission to Camp Glen Brook to provide ongoing health care, to select medical personnel, and to order x-rays or routine tests or treatment for my child during the time my child is a camper. 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 to order injection and/or anesthesia and/or surgery for my child. I understand that this release may be photocopied or electronically transmitted for use away from camp.
- I hereby give permission for my child's full participation in all camp activities and programs including, but not limited to the following, unless herein crossed-out and initialed: archery, games and sports, swimming, outdoor skills and nature study, animal care and gardening, work projects, confidence / challenge ropes course (including high ropes course for Eagle and Deer groups), canoeing, kayaking and boating, arts and crafts, bicycling, hiking, backpacking, camping, and other generally recognized summer camp activities. Furthermore, I know of no reason, including those of physical or emotional health, to preclude my child's full participation in all camp programs and activities.
- I understand that camp programs and activities carry the risk of accidents that may result in injury and losses. I release Camp Glen Brook, its employees, and its agents from responsibility or legal liability for any injuries or losses to my child unless determined to have been directly caused by the gross negligence or malfeasance on the part of Camp Glen Brook, its employees, or its agents.
- I give the camp director, or a person whom he appoints, permission to inspect all personal belongings brought to camp by my child or sent to my child while at camp. I understand that any items that the director deems unsafe, unacceptable, or inappropriate to the best interests of the camp will be shipped home at my expense. I also agree that my child will not bring valuable items to camp with the exception of travel documents/money that is to be checked into the office safe, and that the camp is not responsible for any property of my child unless it is checked into the office safe
- Media images or recordings of my child made by or authorized by the camp will become camp property and may be used by Camp Glen Brook for brochures, videos, website, print, or other publicity purposes. Directory information may be compiled and distributed for the private use of campers and staff.

HIPAA Compliance Statement: I understand that my child's protected health information will be treated confidentially and will only be shared with appropriate personnel. _____ ← ***Please initial here***

I apply for my child's admission to Camp Glen Brook, I understand and grant the above permissions and releases, and I understand and agree to the general camp policies and procedures outlined in the accompanying document, *Camp Glen Brook Information For Summer 2008*, including all enrollment, payment, and refund policies.

Signatures of Parents: _____ **Date** _____

_____ **Date** _____

Mail this application with the \$500 deposit to:

Camp Glen Brook
35 Glenbrook Road, Marlborough NH 03455-2207
Phone: (603) 876-3342 Fax: (603) 876-3763
Web: www.glenbrook.org E-mail: glenbrook@glenbrook.org

A photocopy of this completed form plus other registration forms will be sent you upon acceptance.

| | | |
|-----------------------------|--------------------------------------|-------------------------------------|
| App Received on ___/___/___ | For Glen Brook Office Use | <i>Application Accepted:</i> |
| Deposit Received \$ _____ | Signed _____ | |
| | Group _____ Session _____ Date _____ | Rev2/08 |