



*Application For Falcon Outdoor Leadership*  
*Summer 2010*  
 "Information for Summer2010 Addendum to the Application "  
 should be read before completing this form.

Name of Camper \_\_\_\_\_ Preferred first name \_\_\_\_\_

Address \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Male/Female \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Current grade in school \_\_\_\_\_ Age at start of Falcon Program 2010 \_\_\_\_\_

Mother: Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address (if \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

different) \_\_\_\_\_ Email \_\_\_\_\_

Father: Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address (if \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

different) \_\_\_\_\_ Email \_\_\_\_\_

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)

School \_\_\_\_\_ Teacher \_\_\_\_\_

Town/State & Phone \_\_\_\_\_

**Enrollment Session**

\_\_\_ Full Season Sunday, June 27 – Saturday, August 7 \$500 Deposit now, \$4,645 balance by May 15

\_\_\_ Session I Falcon Sunday, June 27 - Saturday, July 17 \$500 Deposit now; \$2,440 balance by May 15

\_\_\_ Session II Falcon Sunday, July 18 – Saturday, August 7 \$500 Deposit now; \$2,440 balance by May 15

**I grant the following permissions and releases to Camp Glen Brook should my child enroll and attend in the summer camp program for 2010:**

- 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 have requested Camp Glen Brook to allow my child to participate in all camp activities, which may include kayaking and canoeing, rafting, caving, rock climbing, swimming, confidence/challenge ropes course including high ropes course, archery, games and sports, outdoor skills and nature study, animal care and gardening, work projects, arts and crafts, bicycling, hiking, backpacking, camping, and other generally recognized summer camp activities and programs. 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.

**New 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's Falcon Outdoor Leadership Program and agree to the terms and policies stated on the accompanying page, *Falcon Outdoor Leadership Information For Summer 2010*.**

*(If a second parent will be billed for all or part of the fees, s/he must also sign.)*

**Signature of Parent(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**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?* \_\_\_\_\_

Please have your son or daughter complete the following questionnaire and return it to us.

**Mail this application with the \$500 deposit to:**

**Camp Glen Brook, 35 Glen Brook Road, Marlborough NH 03455**

**Phone:** (603) 876-3342     **Web:** www.glenbrook.org     **E-mail:** director@glenbrook.org

## ***Glen Brook Falcon Outdoor Leadership Camp Applicant Questionnaire***

- To be completed by the prospective camper. Use additional pages if needed.
- Parents, please feel free to write your own comments on a separate page.

The Falcon Program is an intensive outdoor leadership training program and you will experience physical and mental discomforts (cold wet weather, biting insects, sore muscles, and unfamiliar landscapes and food). What personal strengths will you bring to the program to help keep spirits high in the face of these challenges?

What type of adventure activities have you experienced? (caving, backpacking, canoeing or kayaking, camp cooking, rock climbing, etc.)

What would you like to get out of your experience in the Falcon Program and why?

**Are there any aspects of the program that you are apprehensive about? What will challenge you and why?**

**Do you think that you have the ability to put your own desires aside at times for the good of the group? Can you describe a time in your life when you have done this?**

***Your Name:*** \_\_\_\_\_

**Please Return to: Program Director, Camp Glen Brook, 35 Glen Brook Rd, Marlborough, NH 03455**