

## **Keewaydin Dunmore Parent or Guardian Agreement**

This application is made and accepted in accordance with the information in the Keewaydin Dunmore brochure, the Keewaydin website and this application. A non-refundable \$500 deposit is due at the time of this application.

(Deposits will be refunded if Keewaydin is unable to accept a camper.) Payment in full must be received by March 1, 2021. No refunds will be given after this date. Priority for placement is given to returning campers if their application is received by November 1, 2020. Priority is also given to campers who apply for the 8-week session.

In order that Keewaydin may provide each camper maximum opportunity for his personal development, I confirm that my child is physically and emotionally prepared to fully participate in the programs that Keewaydin Dunmore offers. I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to his happiness or that of other campers. I agree that in the event this application is accepted and a place is reserved for him in a program, he will remain in the program until the end of the period for which

reservation has been made unless he is dismissed by the camp authorities for misconduct or if deemed in the best interest of the camp or boy. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of program charges paid for the time reserved. No refund is made for campers arriving late or leaving early.

I understand that while Keewaydin is prepared to make reasonable accommodations for the inclusion of any individual camper, it is not prepared to make an accommodation that will place an undue burden on the camp or result in a substantial or fundamental alteration in its program or facilities. Special circumstances as well as any requests for special accommodations must be brought to the attention of the Camp Director before the submission of this application.

I authorize the medical designates of the camp to administer health checks, routine care and any urgent or emergency treatment considered necessary by the camp physician or his assistants. I desire that notification of such illness be sent to me by prompt means of communication. I understand that I am responsible for any bills related to hospital or doctor visits.

It is my desire that my child be enrolled, as indicated on the front of the application, subject to the above conditions. I enclose the deposit and agree to pay his full tuition within the terms stated in the enrollment information. In signing this application, I certify that my child is covered by health and accident insurance or Medicaid and I understand that I am obligated to provide the camp with the name of the carrier and policy number. By signing this registration, I accept full responsibility for all incurred program fees and expenses.

Permission is granted to use, for publicity purposes only, any photographic or video images in which this camper appears. I give permission for the Keewaydin Foundation and camps to communicate with me via electronic mail.