

LOVETT SUMMER CAMPS APPLICATION 2008

Please fill out a separate application for each camper.

CAMPER INFORMATION:

Camper's Full Name

Preferred Name to be Called

Gender Date of Birth Grade (2008-09) *School (If non-Lovett student, see #2 on reverse side)

Camper's Home Address City State Zip

Camper's Home Phone Camper's Cell Phone

Camper's Allergies, Medications, or Limitations

Camper's Physician's Name Phone

Insurance Company Covering Camper During Participation Policy Number

PARENT INFORMATION: Please check box if parent is a member of Lovett's faculty/staff.

Mother's Name

Address (If different from camper's) City State Zip

Home Phone Work Phone Cell Phone E-mail Address

Father's Name

Address (If different from camper's) City State Zip

Home Phone Work Phone Cell Phone E-mail Address

EMERGENCY CONTACT INFORMATION:

Name Relationship to Camper

Home Phone Work Phone Cell Phone

Name Relationship to Camper

Home Phone Work Phone Cell Phone

Complete the reverse side before mailing.

***Non-Lovett students' applications must include a physician's signature. See #2 on reverse side.**

The Lovett School admits students of any race, color, gender, religion, sexual orientation, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Lovett School does not discriminate on the basis of race, color, gender, religion, sexual orientation, or national or ethnic origin in administration of its educational policies, employment practices, admission policies, scholarship and loan programs, and athletic or other school-administered programs.

CAMP REQUESTS: *Please include a \$20 non-refundable processing fee with each application.

Camp	Dates	Cost per session	Subtotal
<input type="checkbox"/> Boys Baseball Camp	June 9–12, 2008	\$120	_____
<input type="checkbox"/> Boys Basketball Camp	June 30–July 3, 2008	\$100	_____
<input type="checkbox"/> Boys Lacrosse Camp	June 23–26, 2008	\$120	_____
<input type="checkbox"/> Boys Wrestling Camp	June 4–6, 2008	\$100	_____
<input type="checkbox"/> Camp Lovett	Session: 1 2 3 (circle) 4 5	\$300 per session	_____
<input type="checkbox"/> Fun in the Sun Camp	August 4–7, 2008	\$240	_____
<input type="checkbox"/> Girls Basketball Camp	June 9–12, 2008	\$300	_____
<input type="checkbox"/> Girls Cheerleading	July 28–August 1, 2008	\$300	_____
<input type="checkbox"/> Girls Lacrosse Camp	June 16–19, 2008	\$120	_____
<input type="checkbox"/> Girls Softball Camp	July 14–18, 2008	\$150	_____
<input type="checkbox"/> Girls Volleyball Camp	June 16–18, 2008	\$100	_____
<input type="checkbox"/> Speed & Agility Camp	Session: 1 2 (circle)	\$150 per session	_____
<input type="checkbox"/> Sports & Games Camp	Session: 1 2 3 (circle)	\$300 per session	_____
<input type="checkbox"/> Swim Lessons	Session: 1 2 3 4 (circle) Time: (1 & 2) 3:30–4:15 PM or 4:15–5:00 PM (circle) (3 & 4) 3:00–3:45 PM or 4:00–4:45 PM (circle)	\$100 per session	_____
<input type="checkbox"/> Tennis Camp	Session: 1* 2 3 (circle)	*\$150/\$100 per session	_____
		Processing fee:	+ \$20.00 = TOTAL: _____

**MAKE CHECKS PAYABLE TO:
THE LOVETT SCHOOL**

MAIL TO:
Lovett Summer Camps
4075 Paces Ferry Road, N.W.
Atlanta, GA 30327-3099

T-shirt Size:

Youth Adult S M L XL
(Circle one)

THE LOVETT SCHOOL CAMPS AND PROGRAMS PARENTAL AGREEMENT AND CONSENT FORM

As parent or guardian of the minor named below, I have received a full and satisfactory description of the camp. I agree that for the duration of the camp, including times of travel to and from destinations, the chaperones shall stand *in loco parentis* to said child. This authority includes the right to authorize any and all medical treatment or surgical procedures which may, in the judgment of the person(s) *in loco parentis*, be necessary in a medical emergency. I have explained this relationship to my child, emphasizing that the designated person(s) has authority as parent during the camp. I understand that The Lovett School does not accept any liability of any kind arising out of participation in this camp or any activity undertaken in connection with the camp. This disclaimer of liability on the part of The Lovett School is not limited to personal injury or property damage but extends also to any claim made in connection with the camp. For the sole consideration of the permission granted to said child to participate in the camp I hereby release and hold harmless The Lovett School, its agents and employees, heirs, executors, and administrators from all actions, causes of actions, damages, claims, or demands of whatsoever kind which are or may be asserted by said child or by me on my own behalf or said child arising from or in connection with any personal injuries, property damage, or any other claim which may arise out of or in connection with this camp. I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. Further, it is understood that conduct by student participants in this camp shall be in accordance with standards specified in The Lovett School Parent/Student Handbook. Violations of these standards of behavior may result in the child's being sent home early or dismissed from the camp at parent expense. These conduct provisions have been explained by me, the parent, to the student participant.

My child has permission to travel to and from destinations during camps for which they are enrolled. (Please check the box to the left.)

Date Parent/Guardian Signature

CAMP POLICIES AND PROCEDURES

Parents and camp participants should read carefully the following policies and procedures. By signing the application form, the family acknowledges having read and understood all the policies and procedures of the Lovett Summer Camps as stated below and accepts the conditions stated therein.

- The application must be completed and sent to the Lovett Summer Camps office with payment in full. Checks should be made payable to The Lovett School, and the camper's name should be indicated on the check.
- All campers from schools other than Lovett must have a physician complete the NON-LOVETT STUDENT PHYSICIAN'S STATEMENT at the bottom of this page. This must be completed BEFORE sending in this form.
- Camps fill quickly and space is limited. Registration will be on a first-come, first-served basis.
- Each camper carries his/her own insurance coverage.
- The school reserves the right to cancel any portion of a camp in case of unforeseen circumstances. Refunds may be issued based on unexpended costs.
- Parents are urged to mark all clothing and personal equipment with name tags to ensure complete identification of all items. The school discourages campers from bringing to camp anything of value, such as jewelry or large amounts of money. The camp is not responsible for lost items.
- The use of tobacco, alcohol, or other drugs is prohibited during any activity sponsored by The Lovett School.
- The school reserves the right to dismiss any camp participant at any time, without specific charges. In such a case, the school may issue a prorated refund for any unexpended portion of the camp.
- The school occasionally features photos of camp participants in school publications. Please let us know if you prefer that we do not use photos of your child.

REFUND AND CANCELLATION POLICIES

Full refunds of tuition will be made in the event that a camp session is cancelled by Lovett. In the event a camper withdraws two weeks prior to the camp start date, a tuition refund will be made, minus the \$20 processing fee. If a camper withdraws fewer than two weeks prior to the camp start date, no tuition refund will be made.

- All camps should be paid in full, including the \$20 non-refundable processing fee, at the time of registration.
- In case of withdrawal due to illness, the family and the camp will share the loss equally. Written notice from a physician will be required before the refund is issued.
- No reduction can be made for late entry, early departure, or withdrawal for any reason other than cited above unless previously requested in writing and approved by Eve Frazer, the Lovett camps director.

I HEREBY STATE THAT I HAVE READ, UNDERSTOOD, AND WILL COMPLY WITH ALL OF THE FOREGOING REQUIREMENTS AND REGULATIONS.

Date Parent/Guardian Signature Name of Camper Signature of Camper

***NON-LOVETT STUDENT PHYSICIAN'S STATEMENT**

This is to certify that I have examined the camper named above and found him/her physically fit to attend and participate in all camp activities of The Lovett School Camps. Any allergies or pertinent medical information is indicated below.

Date Physician's Name (please print) Physician's Signature