

ESCAPE Camp 2018
(Extraordinary Sports Camp-Adults Playing Enthusiastically)
Registration Form -- June 3-9, 2018 Amherst College

Name: _____ Female Male

Address: _____

_____ T-Shirt Yes ___ No ___ Size _____

_____ Day Telephone

_____ Evening Telephone

_____ Cell Phone

Email: _____

May we include your contact information in a camper list? Yes ___ No ___ partial: _____

Emergency Contact Name & Phone _____

New Camper? Referred by: _____

Housing: Single Room Double Room

Roommate's Name if you choose double room: _____

Special Health Considerations: It is important that the Camp staff have any health information that they need to be aware of to take care of you in case of an accident or emergency, i.e., diabetes (Type), heart condition, high blood pressure, dietary allergies.

Special Testing: To help us with scheduling, please check whether you plan to participate in the
 Fitness Assessment (Monday)

Transportation: *Please try to find direct transportation to Amherst.* Amtrak stops in Springfield. Buses are available from Springfield and Northampton. We will also match campers when possible so volunteers can provide rides. If you need help with transportation to camp, please provide the following information:

I am traveling by: Car Bus Train Plane **Arriving in:** _____ **at** _____

I am willing to be a Volunteer Driver-available times: _____

Deposit and Payment: Tuition for a full week is \$1,350. If paid in full by May 1, there is a discount to \$1,300. **A deposit of \$400 is due with this registration as early as possible before May 1.** The balance is due May 15.

Tuition for Day-Campers is \$160 per day. Please include 50% of day tuition rate with this registration form. Tuition includes all activities, programs and lunch. Please circle which days you plan to attend:

Monday Tuesday Wednesday Thursday Friday

Tuition Deposit: _____ Total Tuition: _____

*Cancellations must be made by May 1st to receive a full refund. If notice of cancellation is made after this date, or if no notice of cancellation is received, the deposit will be used toward program costs.

Please make checks payable to ESCAPE Camp and RETURN WITH REGISTRATION FORM TO: ESCAPE Camp, Attn: Ashley Hildt, P.O. Box 1144, Northampton, MA 01061

For additional information contact:

Our camp administrator at info@escapecamp.org or email Chris at chris@escapecamp.org

Photo Release: I hereby give my consent to ESCAPE Camp to photograph, film, videotape and then use, reproduce, and publish said images of me. I release ESCAPE Camp from any and all liability that may arise in connection with such use.

Camper Signature

Date