

ESCAPE Camp 2020
(Extraordinary Sports Camp-Adults Playing Enthusiastically)
Registration Form -- June 7-13, 2020 at 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? How did you hear about camp? Camper? (name) _____ Facebook _____ Google search _____

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 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 if 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 \$1,400. If paid in full by May 1, there is a discount to \$1,350. **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 \$175 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 AND FEE TO: ESCAPE Camp, Attn: Vicki Connors, P.O. Box 271113, West Hartford, CT 06127

For additional information and questions contact:
Our camp administrator at info@escapecamp.org or email Sandy Morgan at sandy@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