

HOW TO ENROLL

1. Please complete both sides of this application, sign the form, and mail it with full payment or a \$150 deposit per camper to the mailing address below. Space is limited. Please note: Full payment of the tuition is required for all applications sent after April 1, 2012.
2. Make checks payable to: ESF Summer Camps
3. Send this form to: ESF Summer Camps, 750 East Haverford Road Bryn Mawr, PA 19010

CANCELLATIONS AND CHANGES

To cancel your child's enrollment, you must notify us in writing by April 1, 2012 in order to receive a refund. Cancellations on or prior to this date are subject to a \$50 processing fee per child. No refunds will be given out after April 1, 2012. There are no allowances given for late arrival, early dismissal, vacations, illness, or injury. Changes in the enrolled weeks must also be made on or before the April 1, 2012 deadline.

FAMILY, GROUP AND FRIEND DISCOUNTS

A 5% Family Discount is given to all families enrolling two or more children. This discount applies to each child after the first in your immediate family. The first child, enrolled at the full tuition rate, is the camper with the higher tuition.

Refer Friends to ESF and save on camp tuition! Our Group Discount gives you and any friends who refer a 5% discount off camp tuition. It's easy! All you need to do is tell friends about camp and send three or more applications to us in the same envelope! Please note: Only one discount applies per camper (i.e. family or group).

OPTIONAL LUNCH PROGRAM

Campers may bring their lunch and beverage to camp (which we refrigerate), or sign up for our optional lunch program, for an additional cost of \$37.50 per week.

QUESTIONS? Call (610) 581-7100

Mrs. Mr. Dr. Ms. Mother/Parent/Guardian First Name Initial Last Name Home Telephone

Business Telephone Ext. Cell Phone E-mail Address

Mrs. Mr. Dr. Ms. Father/Parent/Guardian First Name Initial Last Name Home Telephone

Business Telephone Ext. Cell Phone E-mail Address

Street Address Camper(s) resides with: Mother/Parent/Guardian Both/Parents/Guardians Father/Parent/Guardian

City State Zip Code Who should receive correspondence at this address? Mother/Parent/Guardian Father/Parent/Guardian

I give permission for my home phone number(s) to be accessible to other camp facilities via the camp office and the secure online portal during the camp season. Yes No

EMERGENCY AND SECURITY INFORMATION

Please provide us with a "Camper Security Password" which will be required by ESF when you are requesting pertinent camper information or making changes to your child(ren)'s schedule. Password: Password Reminder:

Who is the emergency contact person in the event that both parents are unavailable? Who is permitted to pick up your child(ren) other than parents?
 Name
 Relationship Home Phone
 Work Phone Cell Phone

Do you have any friends to whom you would like us to mail a brochure?
 1. Name Home Phone Street Address City, State, Zip
 2. Name Home Phone Street Address City, State, Zip

Please list any children in your family not attending camp this summer that you may consider for our camp in the future.
 Name Date of Birth

TUITION RATES	Tennis Camp	Full Day 9AM - 3PM	Morning 9AM-12PM	Afternoon 12:30PM-3PM
	1 Week	\$ 575.00	\$ 435.00	\$ 310.00
2 Weeks	\$ 1,150.00	\$ 870.00	\$ 620.00	
3 Weeks	\$ 1,725.00	\$ 1,305.00	\$ 930.00	
4 Weeks	\$ 2,300.00	\$ 1,740.00	\$ 1,240.00	
5 Weeks	\$ 2,875.00	\$ 2,150.00	\$ 1,540.00	
6 Weeks	\$ 3,250.00	\$ 2,550.00	\$ 1,830.00	
7 Weeks	\$ 3,675.00	\$ 2,940.00	\$ 2,125.00	
8 Weeks	\$ 3,900.00	\$ 3,340.00	\$ 2,425.00	
9 Weeks	\$ 4,195.00	\$ 3,755.00	\$ 2,725.00	
10 Weeks	\$ 4,300.00	\$ 4,160.00	\$ 3,015.00	

If this is your first year with ESF, how did you hear about our camp?
 From a Friend
 Friend's Name:
 Friend's Home Phone Number:
 Camp Fair Flyer from School
 Saw a Sign Ad/internet (specific source):
 Newspaper Article Other:

PLEASE READ AND SIGN BELOW:

On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in the camp and its activities. I understand that my child should not attend the camp if he/she is not healthy. I understand that my child must abide by camp policies and the instructions of the camp staff. I agree that should my child be dismissed from camp no part of my tuition will be refunded. I understand that no reduction in the tuition will be made for late arrival, early departure, vacations, illness or injury. In the event that I can not be contacted in an emergency, I hereby grant ESF, Inc.(ESF) permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child at camp and ESF has the right to utilize these in our brochures, videos, slide shows, web site, and other camp materials. Knowing these facts and in consideration for your accepting my child's application, I, for myself, my child attending the camp, and anyone else who might claim on my or my child's behalf ("I"), hereby agree that neither ESF, The Episcopal Academy, nor Rosemont College are responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the camp and, accordingly, I covenant not to sue, and waive, release, and discharge ESF, The Episcopal Adademy, Rosemont College and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the camp. I have carefully read all of the information in this application form and agree to all conditions.

Printed Name of Parent/Guardian Signature Date

First Name M.I. Last Name Birth Date / / Sex Height ft. in. lbs.

Grade Next Fall School First Year At ESF Circle T-Shirt Size: YOUTH **S** (size 6-8) **M** (size 10-12) **L** (size 14-16) **XL** (size 18-20)
 OR ADULT **S** **M** **L** **XL**

Family Physician _____ Phone (_____) _____

Is there any special information we should be aware of including special needs (i.e. medical issues, allergies, and/or social/physical conditions that require special attention)?
 Please check: Medication Medical Condition Life-Threatening Allergy Allergy Asthma Special Needs Cardiac Condition Other
 Comments: _____

Please check camper's level of play: Beginner Intermediate Advanced
 What would you like your child to gain from his/her camp experience? _____

Please enroll my child in: The Optional Lunch Program (\$37.50 per week) **I am interested in:** Carpool information Admissions information for The Episcopal Academy

PLEASE CHECK THE LOCATION, WEEKS AND SESSIONS ATTENDING:		Full Day	Morning	Afternoon
Tennis Camp Location:** <input type="checkbox"/> Rosemont College, Rosemont, PA <input type="checkbox"/> The Episcopal Academy, Newtown Square, PA Please note: * There is no camp on Monday, July 4th ** The 10 th week of camp will be held at The Episcopal Academy only Please see Side 1 of this application for tuition rates.	Week 1: June 11 – June 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 2: June 18 – June 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 3: June 25 – June 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 4: July 2 – July 6*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 5: July 9 – July 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 6: July 16 – July 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 7: July 23 – July 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 8: July 30 – August 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 9: August 6 – August 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 10: August 13 – August 17**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tennis Camp Sessions:

Full Day
9:00 AM – 3:00 PM

Morning
9:00 AM – 12:00 Noon

Afternoon
12:30 PM – 3:00 PM



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