

2023 Application - Returning Camper Super Savings Discount

Good Through 10/31/2022

Special Gift with Super Savings Registration

\$1000 deposit required at registration Payment plans available. 800-782-5319

PLEASE FILL IN FRONT AND BACK OF APPLICATION

Camper Information

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Gender: M F Age	as of 6/1/23) Birth Date: N			Date: MM	Λ	/DD	/YY	(Grade Septemb	er 2023:
School Attending:		c	amper li	ves with	: 🔲 Bo	th Parent	ts 🔲 N	Nother	Father	
Camper's Home Address:										Apt. #:
City:										
This is the camper's (circle):	1 2	3 4	5	6	7	8	9	10	year at Cam _l	p Hilltop.
Please circle camper's shirt size:	Child L	Adult	S	М	L	XL	(Remen	nber, th	is is for the sum	nmer of 2023)
If you are new to the Hilltop Famil	ly how did you	hear about	us?							
Bunk request, if any										
Family Information										
Parent 1:					Parent 2	:				
Home Phone:					Home P	hone:				
Business Phone:				[Business	Phone: _				
Cell Phone:					Cell Phone:					
E-mail:					E-mail:					
Sessions - CHECK SESSION DESIR	RED					sses are never		nyone. The	y are only used for corr	espondence from Camp Hilltop.)
ALL SESSIONS BEGIN ON A SUNDAY and program supplies. The fee does	Y AND END ON A		Y. The Ca	ımp Fee i	-mail addre	lodging, k	shared with a	ındry se	rvice, camp nur	
ALL SESSIONS BEGIN ON A SUNDAY	Y AND END ON A		Y. The Ca	ımp Fee i	-mail addre	lodging, k	shared with a board, lau and som	ındry se	rvice, camp nur nal trips.	
ALL SESSIONS BEGIN ON A SUNDAY and program supplies. The fee does	Y AND END ON A	pecial horse	Y. The Ca clinics, t	(E Imp Fee i Transport	includes	lodging, k	shared with a	ındry se e optior	rvice, camp nur nal trips.	sing care, programs
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CONDITIONS

Name on Credit Card:

Billing Address if different than campers:

1) If it becomes necessary, in the judgment of the Director and the Camp Health Supervisor, to use outside hospitalization, medical, surgical or dental aid or any other healthcare provider for the health and well being of the camper, I hereby authorize the Camp Director to use such outside aid, which shall be billed to me or my insurance. Hilltop is authorized to use its own judgment for immediate handling of any situation and act as summer guardian for my child. Hilltop will attempt to contact the parent prior to any emergency treatment. The New York State Department of Health requires your child's prescription and over-the- counter medications (including vitamins) to be pre-packaged and sealed by dose by a pharmacy. Parent(s) and/or guardian(s) are responsible for providing the adequate quantities of daily medications in this manner. NYSDOH requires a doctor's order for all medications to be dispensed by our medical staff. 2) Photos & videos taken during the camp season of my child may be used for promotion. If you oppose this policy, please forward a written note stating your rejection. 3) Camp Hilltop's name, logo, written materials, slogans or variations thereof, photographs or images taken at Camp Hilltop or from Camp Hilltop's website may not be used for any purpose. 4) The camp has the right to dismiss any camper who exhibits emotional, psychological or behavioral conditions that are disruptive to the camp program or that are harmful to him/herself or the well-being of other campers or staff. Under these circumstances, no refund will be given. 5) I understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. New experiences come with certain risks and uncertainties beyond what my child may be used to dealing with a thome. Lam aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules including

then existing commercial rules of the American Arbitration Association efforts to keep your child safe from viruses, pathogens and communical not enter camp, and that by the very nature of the personal interaction you to be fully aware of this risk in making the decision to send your child everything to keep camp operating in a safe manner, if your child is exh Depending upon the medical advice we receive from federal and state harrangements to pick up your child. We understand the hardship this could be the composition of the personal personal properties of the support of the personal personal properties of the support of the personal interaction you have been supported by the support of the personal interaction you have been supported by the personal your been supported by the personal you	and the substantive laws of that ble diseases, we want to make c that takes place in the camp en ild to camp this summer, and that ilbiting symptoms of or tests post health officials, your child may bould present, but we want to do	t state. 7) While we wish that we could control every possile ar that we cannot promise or guarantee that viruses, path vironment, there is always a risk of your child becoming illust you are willing to assume and accept it on your child's bestitive for a communicable disease, they may be quarantine e allowed to remain at camp while under quarantine, or you all we can to assure the safety of both your child and the re	ible risk, and while we will use our best chogens and communicable diseases will with a communicable disease. We want ehalf. 8) Because we want to do ed as recommended by our medical staff. ou may be required to make immediate
 Registrations received on or a 	after December 1, 2022 bu after February 1, 2023 but l	ember 1, 2022 3. \$500 due February 1, 2023 t before February 1, 2023 are required to pay \$1, pefore May 1, 2023 are required to pay \$2,000 at red to pay the full amount at the time of registra	.500 at the time of registration. t the time of registration.
If the above terms are not met, all discounts are null and vo			
The deposit is being paid by: The remaining balance will be paid by: Check			
LATE PAYMENT FINANCE CHARGES which equals a montl attorney for collection, the parent or guardian of the camp	-		t must be referred to the camp's
	per to Hilltop will be eligib	ole for a credit of 5% of that camper's fee, credited ment toward the tuition if all payments are paid	
CHANGES IN SESSION DATES OR REDUCTION IN LENGTH BE ASSESSED. AFTER JUNE 1ST A SESSION REDUCTION W			
REFUND OF PAYMENTS: The refund policy is not administered on an in behind the request. Up until March 1, 2023, payments are refundable n campers arriving late. If a camper should leave camp before the end of There will be no refund due to illness or if a child needs to be removed for the rewill be no refunds of camp store, trip charges, optional horse programs.	ninus a \$250 administrative fee. their enrolled session the camp from camp due to emotional, ps	A cancellation made after March 1, 2023 will receive no re shall apply one-half of the prorated camp tuition toward n ychological or behavioral conditions that are disruptive to t	efund. We make no allowances for next year's fee, with noted exceptions.
OPTIONAL FEES: Before each camper arrives at camp the camp forms for. These include: transportation on selected dates, camp store, camp processes to the camp store of the c	-		
SPECIAL NOTE: Camp Hilltop cannot accept the application of children separate sheet of paper and attach or email it with the application. It is involving physical or psychological considerations your child may have,	s imperative to your campers we	llbeing that you inform us now of any significant behavior	ral concerns or special circumstances
PROCESSING OF APPLICATION: The undersigned acknowledges that card information and signing this agreement gives the camp permission New York 13783. The appropriate deposit based on the terms above is referred.	n to apply camp charges to the o	ard listed below. Please return this application to Camp Hi	
METHOD OF PAYMENT Check made payable to: Camp Hilltop	Cash Credit	Card (MC, Visa, Discover, NO AMEX) - \$50 minim	um to use credit card
Credit Card #:	Exp. Date:	Security Code:	

Please note - Amount charged will follow payment schedule above unless otherwise arranged. As parent or guardian to the enrolled camper listed on this application, I understand and agree to all terms and conditions. I understand that when the application is complete I will receive a copy of the above terms and conditions for my own records.

Parent's Signature	Date