

2012 APPLICATION FOR ENROLLMENT

Office Record
Date:
Confid:
Fee:
Rep:

Celebrating
54 Years of
Camping
256-634-4404



High Atop
Lookout
Mountain

www.alpinecamp.com

PLEASE ATTACH
A RECENT
SNAPSHOT
NO LARGER
THAN 2" X 3"

NEW OPTION - APPLY ONLINE AT www.alpinecamp.com (See website for details.)

CAMPER INFORMATION (Please print or type)

Boy's Full Name: Last First Middle Likes to be Called:
Address: City: ST: ZIP:
Grade ('11-'12 School Year): Birth Date: MM/DD/YY
School: School Ph: () Teacher:
Church: Denomination:
[] Check here if you would like your son to attend Catholic Mass in Fort Payne, AL.
Has your son attended camp before? If so, where and how long?

Name and age of brother(s): Sister(s):

Cabin Requests: Directors are not able to guarantee cabin requests. Deadline for changes: 4 weeks prior to Opening Day.

1. 2. 3.

Activities to be Encouraged:

Can Your Son Swim? [] Yes [] No Activities to be Restricted:

CHECK SESSION

[] FIRST TERM (2nd - 9th Grade, 26 Days - Sat, June 2, 2012 - Wed, June 27, 2012)\$4,275.00
[] SECOND TERM (2nd - 9th Grade, 26 Days - Sat, June 30, 2012 - Wed, July 25, 2012)\$4,275.00
[] JUNIOR CAMP (1st - 5th Grade, 11 Days - Sat, July 28, 2012 - Tue, August 7, 2012)\$2,300.00

PARENT INFORMATION

Mother: First Last Email:

Address City: State: ZIP:
Home Ph: Work Ph:
Occupation: Cell Ph:

Father: First Last Email:

Address (if different): City: State: ZIP:
Home Ph: Work Ph:
Occupation: Cell Ph:

Mother Living? [] Yes [] No Father Living? [] Yes [] No Marital Status:

Custodial Parent: Mailing Title (e.g. Mr. & Mrs.; Ms., Dr. & Mrs.):

Billing Name & Address (if different):

Please tell us who recommended Alpine Camp to you and/or how you found out about Alpine:



Mail application with \$500 registration fee to:
Alpine Camp for Boys, P.O. Box 297, Mentone, AL 35984-0297 or
Apply and pay online at www.alpinecamp.com



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Please relate special information concerning your son and your goals for your son's camping experience: _____

Please check all that apply to your son: ___ ADHD ___ ADD ___ Asthma ___ Bedwetting* ___ Diabetes ___ Seizures ___ Allergies

*Please Send (3) Extra Sets of Sheets

If Yes to any of the above, please provide additional information: _____

Are there any dietary or other health issues that will require special attention at camp? Yes No

If yes, please explain in detail on a separate sheet. Alpine Camp is not equipped to accommodate rigid dietary needs (i.e. gluten free diets, etc.) and certain special health needs. Please contact the Directors for consultation on your son's ability to attend camp.

New Campers, please provide two (2) non-family references:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

PARENT'S AGREEMENT

- ◆ I agree to support the final decision of the Directors in their cabin assignment of my son.
- ◆ I understand that the camp fee is \$4,275 for First (1st) Term; \$4,275 for Second (2nd) Term; and \$2,300 for Junior Camp. I agree to the following payment schedule: \$500 due with application; refundable through December 31, 2011 (less a \$100 processing fee). An additional \$500 due February 1, 2012; refundable through May 1, 2012. Remaining full balance due May 1, 2012. One-half of the full tuition will be refunded on cancellations received after May 1, 2012. There is no refund for late arrivals or early departures.
- ◆ In addition to the camp fee, each camper will have a spending money account which will be due on May 1, 2012. Spending money charges include deductions for Trip Day, cabin pictures, extra toiletries, etc. Unused funds/account overruns will be refunded/billed at the end of camp.
- ◆ I grant permission for Alpine Camp to use my child's likeness on the Camp website and in other Camp promotions.
- ◆ In enrolling my son for the 2012 session of Alpine Camp and realizing that Alpine Camp will always contact me if I am available, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child in the event of a medical emergency. I understand that any incidental charges, including medical bills for any accident, illness, or medications will be my responsibility.
- ◆ I understand it is the responsibility of parents/guardians to become familiar with all of the activities and programs offered by Alpine Camp for Boys as described in the website, literature, DVD and in the parent handbook. I understand that my child's participation at Alpine Camp for Boys and any activity is completely voluntary. I further recognize that there are hazards and dangers inherent in camp events and programs, and although Alpine Camp has taken measures to minimize the risk of injury to camp participants, it cannot guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of camp participants. I further acknowledge that I have fully disclosed any pre-existing physical or mental challenges.
- ◆ I agree that any dispute between Alpine Camp for Boys, its owners, officers, directors, employees, contractors, volunteers and me shall be governed by the substantive laws of the State of Alabama, and that any mediation or suit initiated for me and/or on behalf of my minor child named above shall occur or be filed in DeKalb County, Alabama.
- ◆ I approve this application and the conditions listed herein, and I hereby certify that my child is of good moral character. He has permission to engage in all activities, unless otherwise noted. I understand that the Director reserves the right to dismiss or refuse to admit any boy whose presence would be detrimental to the best interest of Alpine Camp. There is no refund for early dismissal.

Parent/Legal Guardian Signature: _____ **Date:** _____

CAMPER'S AGREEMENT

- ◆ If I am accepted, I promise to follow the rules and regulations of Alpine Camp. I understand that the use or possession of alcohol, tobacco or drugs; the use or possession of a cell phone; and stealing result in immediate dismissal from camp.

Camper Signature: _____ **Date:** _____

TUITION/SPENDING MONEY PAYMENT OPTIONS

CHOOSE ONE: Check enclosed. (Make all checks payable to Alpine Camp for Boys, Inc.) Pay by credit card: VISA, MC, DISC

Name as it appears on card: _____ Billing Address: _____

Card Number: _____ Billing Address: _____

Exp. Date (mm/yyyy): _____ City: _____

Cardholder Signature: _____ State: _____ ZIP: _____

Select payment option: Charge my card for the full camp tuition Charge my card for the deposit.



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