

Camper(s) Name: _____

**SUMMER FRIENDS AT MPFS TERMS OF ENROLLMENT AGREEMENT 2019:
PLEASE READ, SIGN, and RETURN BY JUNE 7TH, 2019**

- 1) **Full tuition payment is due upon registration. Campers will not be permitted to attend camp with an outstanding tuition balance.** Each application submitted after May 1, 2019 must also include a \$75 late registration fee.
- 2) I understand that camp is unable to reduce or reimburse fees for days missed due to illness, vacations or other reasons as its expenses for program and personnel assume a camper's enrollment for the weeks for which they have registered.
- 3) I understand that if my camper is not picked up by 3:15 pm, he or she will go to the camp's extended day program. I agree to pay the \$20 daily fee for the use of the extended day program.
- 4) My camper and I agree to abide by the rules and regulations set by the camp for the health, safety and welfare of the campers. I understand that campers must be toilet trained before they attend camp. I understand that camp reserves the right to deny enrollment, or to suspend, or to dismiss a camper if it considers this to be in the best interests of the camp or camper, in which case the deposit and/or unused camp fees will be refunded.
- 5) I understand that camp is not responsible for my camper's personal belongings but that camp will make every effort to provide proper supervision so that the risk of loss will be minimized. I will clearly mark all of my camper's clothing and other belongings with my child's name.
- 6) I hereby grant permission for my camper to participate in all camp programs and activities, including camp-sponsored off campus trips.
- 7) I agree that the camp may use photographs and comments of my camper and myself in camp publications and promotional materials (including the MPFS website and social media) and for media coverage of camp events.
- 8) I give permission for the camp to administer first aid treatment to my child and, if necessary, to have my child transported to a local hospital for medical treatment.
- 9) I understand that MPFS takes reasonable precautions to assure the safety and well being of my child and that even after taking such precautions, accidents and injuries can occur. I recognize the risks and agree to assume the risks by allowing my child to attend MPFS camp and participate in these programs. I hereby release, discharge, and agree to indemnify MPFS, its officers, trustees and employees from all damage and injury to my child or his or her property related to or arising out of my child's attendance at MPFS camps.

I/WE UNDERSTAND AND AGREE TO BE BOUND to the terms of enrollment stated above.

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____