



CAMP SHANE CALIFORNIA

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Phone: (914) 271-4141

Camp Shane: AZ • CA • CT • FL • WI | Shane Diet & Fitness Resorts: NY

PLEASE PRINT &
FILL OUT ENTIRELY

CONTRACT OF ENROLLMENT - 2021

Fax: (914) 230-4007

Camper Name Male Female Birth Date/...../.....

Address City State Zip

Camper age as of July 1: Years Months Grade as of Sept: Heightftin Weightlbs

Camper E-Mail Camper Cell (.....) Previous Camp Attended

Home Phone (.....) Father's Cell (.....) Mother's Cell (.....)

Father or Guardian's Name & Address

Mother or Guardian's Name & Address

Father's E-Mail Mother's E-Mail

Father's Employer Work Phone (.....)

Mother's Employer Work Phone (.....)

How did you first learn about us? Internet. Which search engine or service?

Referral Service. Which? Friend Other

Was any relative a Camp Shane camper or staff? No Yes. Name of Relation

Health Insurance Co Group # ID # Rx Policy #

Policy Holder's Name: DOB/...../..... Employer's Name

Policy Holder's Address City State Zip

Medical Claims Address (back of card) Policy Type: PPO HMO POS Medicaid Non-US

SESSIONS

DATES

SESSION CHOICE

OPTIONAL CBT

**Price per week decreases when enrolled for four weeks and reduced further for six weeks.*

(12 & over, 2x/week, nonrefundable)

Session 1 (2 Weeks)	June 13 until June 27	<input type="checkbox"/>	<input type="checkbox"/> \$80
Session 2 (2 Weeks)	June 27 until July 11	<input type="checkbox"/>	<input type="checkbox"/> \$80
Session 3 (2 Weeks)	July 11 until July 25	<input type="checkbox"/>	<input type="checkbox"/> \$80

The longer you stay, the more you save!

One session (two weeks):	\$3,500 total	Weekly Rate \$1,750
Add a second two weeks for only \$3,000 (save \$500):	\$6,500 total for four weeks	\$1,625
Add a third two weeks for only \$2,400 (save \$1,345):	\$8,900 total for six weeks	\$1,483

Cognitive Behavioral Techniques – CBT. Optional small group sessions find out when and what is causing them to overeat. Campers learn new strategies that are very effective. The price is modest.

Medical Deposit - We use these funds in the event insurance is not accepted at a doctor's visit, for purchases like prescriptions, Covid-19 testing or other medical circumstances. The deposit is fully refundable, less any portion used: 2 weeks - \$150.00; 4 weeks - \$200; 6 Weeks - \$250

TRANSPORTATION – Due to Covid-19 restriction so campers need to driven to camp with a parent or guardian, per CDC guidelines.

Program interruption Insurance information is available on our website, under 'useful information' for enrolled families.

Visiting Day – For the first time ever, we will not be running a visiting day. The CDC & Camp Association wants camps to avoid spreading Covid-19. However, we are hopeful that circumstances will change - at which time we will notify enrolled parents.

PAYMENT SCHEDULE

- ❖ To enroll, send a deposit of \$1,000 with this contract.
- ❖ The next payment is due April 30 (\$1000 for 2 weekers; \$2000 for 4 weekers; \$3000 for 6 weekers).
- ❖ The final balance is due May 25.
- ❖ Enrollments after April 30, send contract with your deposit, plus additional payments per payment schedule.
- ❖ Payments received after May 31 must be by certified check or credit card (online via the Camp Shane website).

SIGNATURE REQUIRED ON REVERSE SIDE

1. This contract with Camp Ops LLC, a Delaware limited liability company, DBA Camp Shane California (hereafter designated as Camp Shane California or Camp), constitutes the full understanding of the parties and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.
2. In consideration of Camper's enrollment and payment of appropriate fees, Camp Shane California agrees to the regular camp program, supervision, and room and board. Tuition fees do not include horseback riding, optional trips, and transportation to/from Camp or of luggage. All physicians' fees, hospital fees, medicines, medical supplies, transportation to doctors & any other medical expense are the responsibility of the Camper's parents/guardian.
3. Camper may participate in any activity or trip organized by the Camp staff on or off Camp grounds, including but not limited to swimming, and hiking. Parents/legal guardian assume the inherent risk of such activities and will hold Camp Shane California and The University of Redlands harmless in the event of any injuries, medical bills or property damages that may result from a Camp activity. Camp Shane California does not assume any legal obligation to administer prescription medicine to the Camper and does so only as an accommodation and upon the request of the parents/legal guardian. Camp Shane California is not liable for any consequences that could result from the administration or failure to administer medicine. Not all activities advertised may be available.
4. A deposit of One Thousand Dollars must accompany this application. Any additional expenses incurred during the Camp season shall be due and payable within seven (7) days after mailing of statement of expenses. The person who signed this contract and the person who provided payment data for the camper enrollment shall be responsible to comply with the no refund policy per the Camp Enrollment contract and waives their right to reverse any credit card, debit card or ACH or e-check that they use to make payment. The Camp shall have the right to process any of payment methods provided for this camper for any unpaid balance when due and to receive collection and attorney's fees on any unpaid balance, plus interest, expenses and court costs.
5. No adjustment, allowance or refund of the deposit or balance of the tuition fees shall be made except in strict conformity with the following rules:
 - A - Where a Camper notifies Camp Shane prior to February 1st that he or she will be unable to attend for any reason whatsoever, a full refund will be made of all fees previously paid less a non-refundable registration fee of \$1,000.
 - B - If cancellation is due to non-payment of tuition, all money received by Camp will be treated as liquidated damages. Requests to shorten the original enrollment duration must be requested before May 1st.
6. For the safety, welfare and proper maintenance of all the Campers, Camp Shane California reserves the unrestricted right to dismiss a Camper whose conduct or influence is inimical to the best interest of the Camp in the considered opinion of the Directors. Such conduct or influence includes, but is not limited to: any observation or discovery (Camp reserves the right to search personal property) of the use or possession of weapons, drugs or drug-related implements, stimulants or intoxicating beverages, bringing food on to Camp, purchasing food while off Camp, leaving Camp grounds, Camp activities or off-Camp activities at any time without official approval and supervision, damaging or defacing of Camp property, smoking, possession of cigarettes, refusing to participate in Camp activities, not complying with Camp rules or procedures, inappropriate behavior, inappropriate intimate or sexual behavior, and omission or misrepresentation regarding the medical or psychological history of the Camper. Failure to properly administer medicine does not excuse Camper from following rules or appropriate behavior. The parent or other notified party must pick up the Camper within 24 hours. If the parents or emergency contacts are unreachable or refuse to pick up the child, the Camp has the right to have the Camper be sent home unaccompanied via public or private transportation. It shall be the parents' responsibility to meet the Camper upon arrival and if the parents are not available, the same applies to emergency designee. In such event, there will be no refund or adjustment of any part of the Camp fee. The Camp is not responsible for Campers when traveling to and from Camp.
7. Due to the seasonal nature of summer camping, there is no refund or credit for any portion of the camping period not completed including late arrival, early departure, dismissal for cause, COVID-19, illness or accident, disability or withdrawal for any reason. The Camp does not screen Campers for admission. The guidance staff does not offer psychotherapy and we are not a special needs camp. The parents recognize that there is a risk that their child may not complete the season and in that event, assume full financial loss. Tuition and fees already paid and/or due are agreed to be the fair and reasonable sum as and for liquidated damages. All claims for refund or credit are expressly waived and released by the parents and/or guardian of the child.
8. The venue and place of trial of any dispute that may arise out of this contract or otherwise, to which Camp Shane California or its agents, is a party, shall be in the County of Westchester in the State of New York. In the event that Camp Shane California retains the services of an attorney to enforce its rights under the terms of this contract, if successful, whether after litigation or through settlement, Camp Shane California shall be entitled to reimbursement for its reasonable legal fees and costs. In the event that any portion of this agreement is deemed void or unenforceable for any reason, it shall not affect the balance of the contract which shall be enforced in the manner designed to give Camp Shane California the fullest benefit and protection represented by this contract.
9. Camp Shane California, its officers, directors, and employees, shall not be responsible for cell phones, money, clothing, passports, laundry, baggage, medicine, mail, packages or personal possessions lost or damaged by fire, theft, malicious mischief or personal negligence. The Camp assumes no responsibility for acts by Campers made in violation of Camp rules, local, state or federal laws. The Camp is not responsible for losses of personal property or acts by Campers or other persons while off the Camp's premises.
10. The undersigned hereby gives permission to the physician, nurse or hospital selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, medicine, X-ray, surgery or any other medical treatment for their child, and to bill the insurance policy provided or use their medical deposit to pay for these services and for transportation to and from any off Camp medical services. All reasonable efforts will be made to contact the parent or guardian prior to rendering such medical service.
11. Permission is hereby granted to Camp Ops LLC and The University of Redlands to take and use any photograph, film, video or audio of the above Camper in any public release, publicity, TV program, advertisement, brochure, website, email or promotional videos. Names and addresses of campers and staff, camper inquiries and print, computer or created materials and procedures are the confidential property of Camp Shane California.
12. If a parent decides to withdraw his/her child during camp, the Directors require 24 hours notice. The child may be picked up between 10:00 a.m. and 4 p.m. The Camp is not responsible for the Camper after departure from Camp property, including when transportation arrangements are made by the Camp or by parent. Visiting is only allowed on the scheduled visiting day.

Please enroll my child..... in Camp Shane California for the selected sessions. I have read the Contract of Enrollment terms above, am familiar with the same and agree that this enrollment is acceptable to me and is subject to everything contained therein. In the event this contract is executed by one parent, I represent that I have the legal right to enroll my child in Camp and to act on behalf of any third party who may have custodial rights and/or is contributing to the payment of the Camp tuition. I recognize that Camp Shane relies upon the representations herein made in accepting my child in Camp Shane California.

PARENT'S SIGNATURE: Mother _____ Father _____ DATE ____/____/____

Payments: Please complete to authorize Camp Shane to charge your account. The terms, conditions and the refund policies as per this Camp Shane Contract of Enrollment apply to the parent and cardholder. This charge is non-refundable and may not be disputed under any circumstances. There are no fees for the \$1000. Deposit but any tuition payments made beyond the deposit using a credit card will be charged an additional 3%. Fax: 914-230-4007

Name: _____ Phone#: (____) _____

*Address: _____ City: _____ State: ____ Zip: _____

CREDIT CARD PAYMENT - Visa MasterCard AMEX

Card #: _____ - _____ - _____ Exp Date: ____/____ CVC CODE: _____ Amount: _____

E-CHECK PAYMENT (No Fees)

Routing #: _____ Bank Account #: _____ Amount: _____

Account Holder Information **Choose one:** Parent Other Specify: _____

Credit Card Payment	
<input type="checkbox"/> Deposit	\$ 1000.
<input type="checkbox"/> Additional Payment	\$ _____
3% Credit Card Fee	\$ _____
Subtotal	\$ _____
Grand Total	\$ _____