



HOFSTRA SUMMER CAMPS

A choice that can change your child's life!



250 Hofstra University | Hempstead, NY 11549-2500 | Phone: 516-463-CAMP | Fax: 516-463-6114 | Email: CE-CAMPS@hofstra.edu

Registration Form

Last Name (Please print.)

First Name (Please print.)

Date of Birth

Grade (as of Sept. 2012)

Age

Male

Female

Mailing Address (Street)

City

State

ZIP

Home Phone Number

Parent E-mail

Office Use Only - Registration Number:

Mother's Name

Mother's Work Number

Cell Phone (Mother)

Father's Name

Father's Work Number

Cell Phone (Father)

Emergency Contact Name

Emergency Contact Number

Name(s) of sibling(s) who are registering

Area Pickup Location (If not getting door-to-door transportation)

1 _____
Cross Streets 2 _____

T-shirt size (Choose one.) Youth: M L Adult: S M L XL XXL

SPECIALTY CAMPS RECREATION GROUP REQUEST

We will attempt to accommodate your recreation group requests.
Please do not request more than three campers.

1) _____

2) _____

3) _____

SESSION(S) ATTENDING

Session 1 (July 2-13, 2012)

Session 2 (July 16-27, 2012)

Session 3 (July 30-August 10, 2012)

Session 4 (August 13-17, 2012)

This Registration Form will not be processed without the completed Medical History Form.

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Age

Male

Female

~ CHOOSE ONE FOR EACH SESSION ~

Specialty Choices	Session 1	Session 2	Session 3	Session 4	Office Use Only
Actors Workshop				not in session	
Adventure Education				not in session	
Baseball	not in session			not in session	
Basketball				not in session	
Bowling	not in session		not in session	not in session	
Cheerleading (Session 3 for grades 2-5 only)				not in session	
Counselor Apprentice Program <small>(6 weeks only)</small>				not in session	
Creative Computers			not in session	not in session	
Cub Camp					
Dance				not in session	
Ecology	not in session	not in session		not in session	
Fine Arts				not in session	
Fitness and Nutrition				not in session	
Flag Football		not in session	not in session	not in session	
Gaga Dodgeball	not in session	not in session		not in session	
Golf		not in session		not in session	
Kick-Start Athletics			not in session	not in session	
Marine Biology	not in session		not in session	not in session	
Musical Theater <small>(Grades 6-9 must register for at least sessions 2&3)</small>				not in session	
Science Education				not in session	
Soccer			not in session	not in session	
Tennis				not in session	
Web Publishing			not in session	not in session	
Write O' Rama				not in session	
Learning Institute Choices	Session 1	Session 2	Session 3	Session 4	Office Use Only
Astronautics	not in session	not in session		not in session	
Fashion Design I		not in session		not in session	
Fashion Design Workshop	not in session		not in session	not in session	
Robotics				not in session	
VG: 3-D Computer Modeling & Animation <small>(Grades 4-5 session 1 or 3 only)</small>				not in session	
VGO: Starburst		not in session		not in session	
VG1: Intro to Video Game Development				not in session	
VG2: Video Game Programming	not in session		not in session	not in session	
VG3: Video Game Design Studio				not in session	
Gifted Camp				not in session	
Reading/Writing Learning Clinic				not in session	

This Registration Form will not be processed without the completed Medical History Form.



POLICIES AND PARENT/GUARDIAN CONTRACT

By registering my child(ren) to attend Hofstra Summer Camps 2012, I agree to the following terms as they apply.*

- A check/credit card payment for \$500 (nonrefundable deposit and application fee) must accompany this registration form.
- A separate \$500 nonrefundable deposit (includes application fee) is required for the Speciality Camps and the Sports Academy Camps. \$450 is applied to the tuition and \$50 is applied to application fee. If registering for both camps, a check of \$1,000 is required.
- Payment in full is due May 1, 2012. Full payment is required on all registrations received after May 1, 2012.
- Tuition is refundable prior to May 1, 2012, less the deposit and application fee (\$500).
- No refunds after May 1, 2012, for any reason, including illness, injury, personal, missed days, etc.
- No refunds for surcharges after May 1, 2012.
- Any cancellations must be received in writing.
- Discounts may not be combined.
- Sibling Discount: \$50 off each additional child (from same family enrolled) per two-week session; not applicable for fall registration rates. Sibling Discount does not apply to Sports Academy Camps.
- Hofstra Alumni Discount: 15 percent for Speciality Camps and Learning Institute, 10 percent for Sports Academy Camps. (Alumnus must be parent/guardian of camper).
- Union Discounts: 15 percent for Specialty Camps and Learning Institute, 10 percent for Sports Academy Camps. (Registration must be accompanied by a current copy of a company photo ID card).
- Hofstra Full-Time Employee Discount: 25 percent.
- The Counselor Apprentice Program is available for six-week enrollment ONLY. Tuition for the full program is \$2,500, plus the \$50 application fee, no discounts.
- Selected programs are subject to a surcharge. See website for details.
- We reserve the right to cancel this registration if fees are not paid in full by May 1, 2012
- It is understood that no credit will be given for camp closings, absences, illness and injuries, family vacations, transportation delays or withdrawals.
- It is understood that all photography or videos taken at Hofstra may be used for promotional purposes or in other ventures directly relating to camp and I agree with the terms outlined in the Publicity Release; see website for details.
- Enrollment in Hofstra programs establishes permission for a child to engage in all program activities except as noted by the examining physician on child's Medical Form submitted to the Camp Infirmary.
- Hofstra Summer Camps is accredited by the American Camp Association.
- Enrollment in Hofstra Summer Camps establishes permission for a child to participate in the instructional/recreational swim program unless otherwise noted by a physician.
- I understand and acknowledge the risks related to my child's participation in Summer Camps and hold Hofstra University, its directors, officers, trustees, employees and volunteers harmless for any and all injury or loss associated with such participation.
- Registrations received by phone - will be confirmed by email with an attached registration form which includes the parent/contract agreement. The parent/contract agreement must be signed and returned to the camp office in order to complete child's registration
- I have read and agree to the above.

Parent/Guardian Signature

Date

METHOD OF PAYMENT

A separate \$500 nonrefundable deposit (includes application fee) is required for the Specialty Camp and the Sports Academy Camps. If registering for both camps, a check for \$1,000 is required. A confirmation/balance due statement will be sent once deposit is processed.

Check or money order payable to Hofstra University: Check number _____

Payment amount _____

Credit Card: Visa MasterCard American Express

Credit Card Number

Card Expiration Date

Card Holder's Name (as it appears on credit card)

Billing address (If different than the camper's mailing address)

Signature

Date

Hofstra Summer Camps complies with all Nassau County Health Department regulations. Hofstra Summer Camps is accredited by the American Camp Association.

How to submit Summer Camp Registration Form via mail or by fax: Complete registration form in full via computer and click "Print Form" button at bottom of form and either fax to 516-463-6114 or mail to: Hofstra University 250 Hofstra University Hempstead, NY 11549-2500 Attn: Summer Camps

MAILING ADDRESS

Hofstra University Summer Camps
250 Hofstra University
Hempstead, NY 11549-2500
Phone: 516-463-2267
Fax: 516-463-6114



HOFSTRA
UNIVERSITY®

SUMMER CAMPS

Date _____

MEDICAL HISTORY

To be filled in by parents/guardians of minors or by adult campers/staff members themselves. Your child's registration will not be processed until the medical history is entirely completed and signed, do not leave any lines blank, enter N/A if not applicable.

Name _____ Birth Date ____/____/____ Sex _____ Age _____
Last First M.I.

Parent or Guardian (or Spouse) _____ Phone (____) _____

Home Address _____
Street and Number City State ZIP Code

Business Address _____
Street and Number City State ZIP Code Phone (____) _____

Second Parent or Guardian: _____

Home Address _____
Street and Number City State ZIP Code Phone (____) _____

If not available in an emergency, notify: _____
Phone (____) _____

Address _____
Street and Number City State ZIP Code

Health History:

(Check and give approximate dates.)

- Frequent Ear Infections _____
- Heart Defect/Disease _____
- Convulsions/Epilepsy _____
- Diabetes _____
- Bleeding/Clotting Disorder _____
- Hypertension _____
- Psychiatric Treatment _____
- Mononucleosis _____
- Asthma _____
- Allergies _____

Family Medical History

- Premature death related to cardiovascular disease
- Disability from cardiovascular disease at age <50 years
- Hypertrophic cardiomyopathy, dilated cardiomyopathy, Marfan syndrome, arrhythmias, channelopathy, (ekg, long QT)

Has this camper ever required any psychiatric counseling or hospitalization? _____

Operations or serious injuries (dates): _____

Disability or chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Other diseases or details of above: _____

Name of family physician: _____ Phone _____

Do you carry family medical/hospital insurance? _____

If so, indicate carrier: _____

Policy or group no.: _____

Suggestions or health-related information for camp personnel: _____

IMPORTANT – BOX A OR B MUST BE COMPLETED FOR CAMPER'S ATTENDANCE.

A

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me and/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for off-campus trips.

Signature of parent or guardian or adult camper/staffer _____

B

I do not wish to give the camp permission to give emergency care if I cannot be reached.

Signature _____

**Medical History Form must be returned with your child's registration form.
The Physical Examination Form must be returned in order for your child to attend camp no later than May 15!**