

Winter Address:
P.O. Box 201
Granite Springs, NY 10527
p: 914-524-9200
f: 914-524-0773
info@southwoods.com



Summer Address:
532 NYS Route 74
Paradox, NY 12858
p: 518-532-7717
f: 518-532-0266
info@southwoods.com

Southwoods

2009 S'MORE CAMP
Operated by Southwoods Recreation, Inc.
Andrea & Scott Ralls
Owners/Directors

I hereby agree to enroll my child as a S'More Camp camper for the dates listed below, subject to the terms on this page.
I agree to pay the tuition of \$475 with this registration. \$100 is non-refundable after May 1st.

Dates:

Friday, July 31st - Monday, August 3rd, 2009

Camper's name: _____ Birthday: _____
School's name: _____ Grade in school as of September 2009: _____
Mother's name: _____
Home address: _____

Home phone: _____ Work phone: _____
Cell phone: _____ Fax: _____
Email address: _____
Father's name: _____
Home address (if different from above): _____

Home phone: _____ Work phone: _____
Cell phone: _____ Fax: _____
Email address: _____

PARENTS: I give permission for my son/daughter listed above to participate in the S'MORE CAMP program.

I understand that Camp Southwoods cannot be responsible for the theft of or damage to personal property, or injury. In case of emergency or illness, Scott and Andrea Ralls have my permission to secure any emergency medical care deemed necessary by a licensed physician for my child. In the event that I cannot be immediately contacted, this form serves as my FULL CONSENT FOR TREATMENT. I understand that there are risks involved in being at camp and that injuries can result. I fully accept these risks for my child. I hereby release Camp Southwoods, its owners, agents, and employees from any and all liability for damage or loss of property or injury to my child, and accept for myself and my child the full responsibility for any and all such damages, loss or injury which may result.

PARENT SIGNATURE: _____

**A PARENT SIGNATURE IS REQUIRED ON THIS FORM AGREEING TO THE ABOVE
STATEMENTS AND FOR MEDICAL AUTHORIZATION.**

FOR CREDIT CARD PAYMENT ONLY

Please charge my Visa/Mastercard (circle one) for the amount listed above.

Credit Card # _____ Expiration Date: _____

Signature _____

