

2010 APPLICATION FOR ENROLLMENT COLVIG SILVER CAMPS

9665 Florida Road • Durango, Colorado 81301
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www.colvigsilvercamps.com • office@colvigsilvercamps.com

Applicant's Name: _____ Name Used: _____ Gender: M/F _____
(last) (first) (MI)

Applicant's Address: _____
(street) (city) (state) (zip)

Date of Birth: _____ Age While At Camp: _____ Present Grade: _____ Applicant's email: _____

School Currently Attending: _____ School District: _____

PATHFINDING Coed: grades 10 through 11 completed.....Maximum Enrollment: 11 per group

FIRST TERM (29 days)	SECOND TERM (29 days)	BOTH TERMS (58 days)
<input type="checkbox"/> JUNE 10 - JULY 8	<input type="checkbox"/> JULY 12 - AUGUST 9	<input type="checkbox"/> JUNE 10 - AUGUST 9
TUITION: \$4470	TUITION: \$4470	TUITION: \$8500

PLEASE MARK CAMP & TERM, SIGN (Parent AND Applicant), AND RETURN WITH \$600 DEPOSIT

References:
 Teacher / Counselor: _____ Home Phone ____ / ____
 Other Reference: _____ Home Phone ____ / ____
 Briefly tell us why you want to participate: _____

Describe your backcountry experience: _____

PARENT/GUARDIAN INFORMATION:

<p>FATHER: (Mr./Dr.) _____ <small>(name)</small></p> <p>_____</p> <p><small>(street address)</small></p> <p>_____</p> <p><small>(city) (state) (zip)</small></p> <p>Home Phone: _____ <small>(area code)</small></p> <p>Work Phone: _____ <small>(area code)</small></p> <p>Cell Phone: _____ <small>(area code)</small></p> <p>Fax: _____ <small>(area code)</small></p> <p>Email: _____</p>	<p>MOTHER: (Ms./Mrs./Dr.) _____ <small>(name)</small></p> <p>_____</p> <p><small>(street address)</small></p> <p>_____</p> <p><small>(city) (state) (zip)</small></p> <p>Home Phone: _____ <small>(area code)</small></p> <p>Work Phone: _____ <small>(area code)</small></p> <p>Cell Phone: _____ <small>(area code)</small></p> <p>Fax: _____ <small>(area code)</small></p> <p>Email: _____</p>
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Parents: Married ___ Divorced ___ Separated ___ Single ___ Applicant's Primary Residence: Mother ___ Father ___ Both ___
 If separate: Who should receive correspondence from CSC, applicant, and counselor during the summer? Mother ___ Father ___ Both ___
 Who should receive financial correspondence? Mother ___ Father ___

By signing this document, I assert that I have read, understand, and agree to the terms on the second page of this application.

Parent/Guardian Signature: _____ Printed: _____ Date: _____

PLEASE READ AND COMPLETE THE REVERSE SIDE OF THIS APPLICATION.

By signing this document, the applicant, as named herein, and I, as legal guardian, understand and agree to the following terms and conditions of enrollment:

DEPOSIT/TUITION PAYMENT

To make a reservation CSC must receive an application SIGNED BY APPLICANT AND PARENT, along with a deposit of \$600 that will be applied to the tuition balance. Reservations are made in the order they are received. **Tuition balance is due May 15 for every term.** If full payment is not received by the beginning of the enrolled term, an interest fee of 5% per month will be charged on the balance due. CSC may at any time withdraw any applicant for which payments have not been received on time and shall have no obligation to refund payments previously made. Please make checks payable to Colvig Silver Camps.

TUITION

Includes housing & board, use of all program equipment, areas, facilities, and out-camp trips. The fee does not include travel to/from camp from home or personal and medical expenses. CSC strongly recommends that two term Pathfinders spend the 4 days between terms with their families. Should special programming between terms be available, a pro-rated fee will be billed at the end of the summer.

CANCELLATION/ REFUND/WITHDRAWAL POLICY

1. For cancellation before April 15, a \$200 cancellation fee applies; for cancellation after April 15, a \$600 cancellation fee applies.
2. For cancellation during the 15 days prior to the beginning of the term, \$1200 will be refunded, or full tuition minus the \$600 deposit can be credited to the following year's enrollment.
3. For cancellation prior to the beginning of the term due to illness or injury documented by medical personnel, a \$200 cancellation fee applies.
4. Due to fixed costs and expenditures, no refunds or reductions will be made for missing any part of a scheduled term--beginning, middle, or end. If accident or illness causes absence for more than two weeks or withdrawal from program, financial loss will be shared equally between camp and parents.
5. The director reserves the right to refuse admission or withdraw, with partial or no refund, any camper whose influence or conduct is deemed harmful, unsafe, or not in the best interests of the program, its philosophy, or its participants.

HEALTH AND SAFETY

CSC will provide every reasonable safeguard for the health and safety of each camper, but cannot be held responsible for accidents or illness. In the event that accident or illness does occur parents will be notified as soon as possible and their wishes carried out as fully as practicable. By signing this document, I, the parent/guardian, understand and agree to the following:

1. **By Colorado law, CSC must receive a CSC health form before my camper arrives at camp, completed and signed by parents AND a physician who has performed a physical examination of my camper within the 12 months prior to arrival at camp.**
2. My camper has permission to engage in all camp activities, including all out of camp trips on foot or by vehicle, except as noted by me or the examining physician on the CSC health form.
3. I will keep CSC advised should I be away from home for any period of time during the camp session.
4. In the event that I cannot be reached in an emergency I grant permission to CSC, and any medical personnel they select, to transport my camper for medical purposes and to administer medical treatment and medication for my camper as necessary.
5. All medical expenses incurred will be assumed by me or my insurance company. I carry adequate health insurance that is available for my camper should it be necessary.

Insurance/Carrier Name: _____ Policy #: _____ Group #: _____

GENERAL TERMS

1. CSC is not responsible for personal belongings lost or damaged by fire, theft, laundry, carelessness of campers, etc. CSC advises against bringing expensive clothing, cameras, jewelry, etc.
2. CSC may reasonably use any and all photographs and statements of/by/about the camper during any part of the CSC sessions for the promotional purposes of Colvig Silver Camps and other associations, foundations, and organizations with which CSC is affiliated.
3. The release of campers to persons other than the legal parents or guardian shall not be allowed without the written consent of the latter.
4. CSC admits campers of good character regardless of race, color, creed, or national or ethnic origin.
5. Because of the nature of the program, it is only in rare and thoroughly evaluated cases that CSC enrolls campers with disabilities. I certify that my camper is in good health, has no physical, emotional, or social disabilities, and would make a desirable companion for other campers. If my camper has a disability or I have questions or concerns regarding this policy, I will call before enrolling.
6. Parents and campers cannot speak by phone while camp is in session except in case of emergency.
7. Parents and family are requested not to visit or take their camper off-site during the session.
8. All edibles brought by or sent to campers will be held in the office to be distributed to everyone during the term. Gum is not allowed and will be kept.
9. CSC reserves the right to cancel, change, or substitute programs or activities as presented in promotional materials as necessary.
10. My camper and my family will abide by rules and regulations set by CSC for the health, safety, and welfare of all campers at camp.

*How did you first hear about CSC? _____

*Family members who have attended or worked at CSC: _____

Participant Contract

In signing this application, I agree to the terms and conditions of this document and I certify that I have read the Pathfinding brochure and understand that I will be living and traveling outdoors in challenging and diverse terrain and sometimes under challenging and diverse conditions. I will abide by all rules and policies set by Colvig Silver Camps for the health, safety, and welfare of all participants. I will cooperate with leaders and groupmembers to allow us to best achieve our goals. I understand and agree that there is no place for drugs, drug paraphernalia, tobacco products, alcohol, or any other illegal controlled substance at CSC and that the use or possession of any of these by staff or camper will result in the immediate dismissal without refund of tuition or payment of salary and return home at the staff or camper's expense.

Applicant Signature _____ Printed _____ Date _____