



933 Friendly Pines Rd. • Prescott, AZ 86303  
(928) 445-2128 or 1-888-281-CAMP (2267)

# 2010 CIT Application for Enrollment

PARENT OR LEGAL GUARDIAN to complete and sign both sides of this form. PLEASE type or print carefully in black ink.

OFFICE USE ONLY	
Date Rec'd _____	Ck. Reg _____
Roster: (2) _____ (3) _____	

To be eligible, a child must have completed 1 full year of school; be amenable to the requirements of group living; in general good health; free of communicable disease; and dependably "toilet trained" day and night.

Name of Camper \_\_\_\_\_ Nickname \_\_\_\_\_  
*Last First Middle*

Residence \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
*No. Street Apt/Suite/Unit*

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ email address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on '10 Birthday \_\_\_\_\_ T-Shirt Size (circle one) YM YL AS AM AL AXL

Boy  Girl Has this child attended FPC previously? Y N For child's dining comfort, if he/she eats with left hand check here π

Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade NEXT FALL \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Brothers(& ages) \_\_\_\_\_ Sisters (& ages) \_\_\_\_\_

Special Interests and Hobbies \_\_\_\_\_

Any Problems or Special Needs \_\_\_\_\_

Father's Name \_\_\_\_\_ Bus. Ph( ) \_\_\_\_\_ Hrs & Days \_\_\_\_\_  
*Mr. Dr. Last First Middle*

Cell Ph( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Occupation, Business, Profession or Position \_\_\_\_\_ Name of Firm \_\_\_\_\_

Work Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Ph( ) \_\_\_\_\_ Hrs & Days \_\_\_\_\_  
*Mrs. Ms. Dr. Last First Middle*

Cell Ph( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Occupation, Business, Profession or Position \_\_\_\_\_ Name of Firm \_\_\_\_\_

Work Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If child does not live with both natural parents at the address shown above as "home", please check here , and give information regarding where child resides, when, and with whom. If necessary, use another sheet to provide relevant information concerning family/marital/legal custody/visitation rights/etc., which will be held in confidence \_\_\_\_\_

Billing sent to \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Phone( ) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SESSIONS for which enrollment is desired – Please check appropriate . Deposit for each session *must* accompany this form, completely filled out and signed below. You can also call in your credit card payment. All fees must be fully paid by April 10, 2010. After April 10, fees are due upon enrolling. \$30.00 charge for any returned check.

Session 2 and 3 June 27 - July 28 4 wks 4 days \$1845-if \$500 deposit pd by 1/15/10 OR \$1795 if pd. in full by 1/15/10

The rates after 1/15: Session 2 & 3 = \$1895

Parents, grandparents relatives or siblings who've attended FPC in the past: \_\_\_\_\_

First-time families: How did you learn of FPC? \_\_\_\_\_

Deposit for any session, less \$50.00 non-refundable clerical fee, will be refunded if Camp receives written cancellation by April 10, 2010. Our commitments concerning food, staff, and supplies are made early in the Spring, and therefore, if enrollment is cancelled **after** April 10, 2010, any refund (less \$50.00) will be made **only** if opening is filled. You may wish to consult your insurance agent re: cancellation refund coverage. If, due to illness or accident, a child returns home for more than one week on advice of the camp doctor, the camp will offer equivalent future time. Should a child be removed by parent or sponsor; dismissed from camp for disciplinary reasons, or for actions/behaviors incompatible with group living, no refund is made nor equivalent time given. I have read and agree to the above.

Signed (Parent or legal guardian only): X \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and sign reverse side \*



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## Consent and Acknowledgment of Risk

Name of Camper: \_\_\_\_\_

Session(s): \_\_\_\_\_

Dates: \_\_\_\_\_

**IN CONSIDERATION** of the right to attend and participate in the activities described above, the Camper (and, if the Camper is a minor, his or her parent or legal guardian) hereby:

1. Agrees to abide by all of the rules and regulations established by Friendly Pines Camp, Inc. ("Friendly Pines"), which include but are not limited to the camp's citizenship standards, dress policy, and codes of conduct, cooperative attitude, good grooming, absolute prohibition of use or possession of tobacco, liquor, or illegal drugs during the session(s).
2. Authorizes Friendly Pines or any of its agents or employees to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Camper, in the event of the Camper's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment.
3. Grants to Friendly Pines for any purpose connected with promoting the purposes and goals of Friendly Pines, but not for commercial exploitation or any other or improper purpose, the right to use and hereby consents to the use of the Camper's name, email, address, voice and likeness as recorded in any writings, photographs, films and recordings of the Camper while he or she is participating in Friendly Pines' activities, and any biographical information submitted by the Camper to Friendly Pines, and to use, reproduce, publish and distribute the same in accordance with the permitted purpose set forth in this paragraph.
4. Agrees that any dispute or cause of action arising between the Camper and Friendly Pines, whether out of this agreement or otherwise, can only be brought in the Yavapai County Superior Court located in Yavapai County, Arizona, and shall be construed in accordance with the laws of Arizona.
5. Acknowledges that there is an element of risk involved in Camper activities. I apply for the Camper to participate in camp activities as listed in your camp brochure (such as horseback riding, ropes courses, climbing wall, rock climbing, canoeing, swimming, hiking, biking, sports of all kinds, etc.). I understand that these activities may expose him or her to greater than normal risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. These risks may include equipment malfunction, loss of control, collisions, obstacles, variation of terrain and unexpected actions by horses or by other people. I understand that the Camper may act in a negligent manner that can contribute to injury of himself, herself or others, such as failing to maintain control, not acting within his or her abilities or not following rules and instructions. These risks can result in injury or death and damage to property. I acknowledge and state that I accept and assume these risks and dangers and assume full responsibility for the Camper's safety and well-being while he or she is participating in such activities. I, for myself, the Camper and on behalf of our heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless and indemnify Friendly Pines, its officers, employees, agents and representatives whatsoever, from all actions, claims, demands, costs, expenses (including reasonable attorneys' fees) and/or damages, with respect to any injury, disability or death of the Camper and loss or damage to person or property arising from the Camper's participating in any Friendly Pines activity, whether arising from the negligence of Friendly Pines, its employees, agents or representatives, or otherwise, to the fullest extent permitted by law.

This **Consent and Acknowledgment of Risk** shall not be amended, supplemented or abrogated without the written consent of Friendly Pines. The Camper (and, if the Camper is a minor, his or her parent or legal guardian) has read this **Consent and Acknowledgement of Risk** and understands the contents.

Date: \_\_\_\_\_ Camper's Signature: \_\_\_\_\_

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If Camper is a minor, the signature of his or her parent or legal guardian is required:

Name of Parent or Legal Guardian (Printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Legal Guardian: \_\_\_\_\_