



Akeela Winter Weekend Registration

Please mail this form to:

314 Bryn Mawr Avenue, Bala Cynwyd, PA 19004

(866) 680-4744 • www.campakeela.com

Name of Participant: _____ Grade: _____ DOB: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1 Name: _____ Email: _____

Best Phone Contact for Reunion Weekend: _____

Parent/Guardian 2 Name: _____ Email: _____

Best Phone Contact for Reunion Weekend: _____

Emergency Contact (other than parent): _____ Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Doctor's Name: _____ Phone: _____

Please list all allergies (food and non-food): _____

Dietary Restrictions: _____

Winter Weekend Reunion: Friday, January 19 - Sunday, January 21, 2018\$325

Saturday Day Camper: January 20, 2018\$150

All-inclusive program fee covers round-trip transportation from designated Boston and New York area locations (for overnight campers, meals and snacks, and all group outings and activities)

Transportation:

My child will arrive at the reunion via: **Boston Bus** ___ **New York Bus** ___ **Car** ___
My child will depart from the reunion via: **Boston Bus** ___ **New York Bus** ___ **Car** ___

Regardless of how your child is arriving at the reunion, please provide them with dinner before they arrive at the reunion

Registration Agreement:

I agree that during the Akeela Winter Weekend Reunion, my child will take any medication that he/she is routinely administered at home. I understand that exceptions will be made only after consultation with the prescribing physician.

I have read and accept all of the terms and conditions set forth on BOTH SIDES of this Enrollment Form. I am enclosing the reunion fees payment made payable to CAMP AKEELA. or have called the camp office with my credit card information for payment (2.5% credit card fee applies).

Parent/Guardian Signature: _____ Date: _____

Medications:		
Please list below what medications your child will be routinely taking while at the reunion, including the dosage and timing:		
_____ (Medication)	_____ (Dosage)	_____ (Timing)
_____ (Medication)	_____ (Dosage)	_____ (Timing)
_____ (Medication)	_____ (Dosage)	_____ (Timing)
_____ (Medication)	_____ (Dosage)	_____ (Timing)
_____ (Medication)	_____ (Dosage)	_____ (Timing)



Winter Weekend Reunion

Terms and Conditions

- 1. PAYMENT:** Balance due upon registration. If fees are not paid in full for Participant, Parent shall be liable for all costs of collection, including attorney's fees.
- 2. PERMISSION TO PARTICIPATE:** My child has permission to participate in all excursions, and special outings as planned by Strafford Lake Operating Co. LLC, doing business as Camp Akeela.
- 3. RULES AND REGULATIONS:** My child and I agree to comply with all rules and regulations established by Camp staff, including, without limitation, those regarding registration and withdrawal of Participants and programs.
- 4. DISMISSAL OF PARTICIPANTS:** I fully understand that Camp Akeela reserves the right to dismiss, in its sole discretion, any Participant whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of Camp Akeela or who violates Camp rules and regulations.
- 5. MEDICAL CARE:** Parent grants the Camp Akeela permission to utilize medical treatment (including dental and orthodonture) should the Director deem such treatment necessary for Participant's well being. Should it be necessary to utilize such outside medical care, all expenses involved will be paid by Parent.
- 6. BELONGINGS:** Camp Akeela is not responsible for Participant's belongings or equipment during the Winter Weekend Reunion.
- 7. IMAGES, ETC:** Permission is hereby given for the Camp Akeela to use in promoting Camp Akeela and in other ventures directly relating to Camp Akeela (i) digital, photographic, video, and audio images or likenesses of Participant; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Participant and originating from Camp Akeela or from a Camp Akeela-related activity.
- 8. LIABILITY AND RELEASE WAIVER:** As a parent or legal guardian, I hereby give my full consent and approval for my child to participate in the Camp Akeela's Winter Weekend Reunion activities. I understand that there are certain risks of injury inherent in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in all reunion activities and other winter recreational activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed this registration form. I give permission for my son/daughter to be medically treated in the event that I am not available in an emergency. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Strafford Lake Operating Co., LLC, Lakeside Retreats, LLC, Camp Winadu, LLC, and their employees, owners, affiliates, agents, officers, and directors for any injury that may be suffered by my child in the normal course of participation in all activities associated with Camp Akeela whether the result of negligence or any other cause.
- 9. EFFECTIVE DATE; DISPUTES:** This Registration Agreement (the "Agreement") shall take effect and become binding when (a) signed by Parent, and (b) returned to the Camp Akeela. When accepted by Camp Akeela, this Agreement shall (i) be deemed a binding contract executed in the Commonwealth of Massachusetts, (ii) be governed by and construed in accordance with the substantive law of Massachusetts, without giving effect to the conflicts or choice of law provisions of Massachusetts or any other jurisdiction, and (iii) have the effect of a sealed instrument. All claims or disputes arising from or related to this Agreement shall be brought and maintained exclusively in the administrative agencies or courts of the Commonwealth of Massachusetts or in the United States District Court for the District of Massachusetts, and Parent expressly submits to the jurisdiction of such administrative agencies and courts.