



**2015
ENROLLMENT FORM**

- full
- 4-week
- 1-week

CAMPER'S NAME _____ DATE OF BIRTH _____ SESSION _____
PAREN(S) CHILD LIVES WITH _____ GRADE IN SEPT 2015 _____
STREET _____ CITY _____ STATE _____ ZIP _____
PHONES _____
E-MAILS _____

NAMES OF PARENTS/GUARDIANS AT ANOTHER HOME ADDRESS _____
STREET _____ CITY _____ STATE _____ ZIP _____
PHONES _____
E-MAILS _____

In case a parent/guardian cannot be reached:

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
EMERGENCY TEL _____ CELL _____ OTHER _____

\$2500 due with enrollment form (\$500 for the 1-week program)

mail to Camp Scatico, POB 6, Elizaville NY 12523

See reverse for fees, dates, and other important information

Your signature below confirms that you have read and agree to the terms of the enrollment contract

Signature of Parent or Guardian _____ Date _____

Camper tuition includes all camp activities, including day trips (transportation and activity admissions), canteen, and laundry service. The camp reserves the right to offer other programs or services to families on an individual basis for an additional fee.

campers entering 7th grade and younger	\$9400
campers entering 8th grade and older	\$9900

Partial sessions:

4-week session: entering 5th grade and younger	\$6100
1-week session: entering 3rd grade and younger	\$1000

Payment schedule per camper
 \$2500 deposit with enrollment form (\$500 deposit for the 1-week program)
 Additional \$2500 due Feb 1
 Balance due June 1

Enrollment discounts for full session campers/CITs and if paid in full by June 1

\$700 discount for first-time campers with a \$2500 deposit by August 16
 \$500 discount with a \$2500 deposit by September 1
 \$2000 additional discount per family enrolling 3 campers

Enrollment discount for first-time 4-week campers if paid in full by June 1 is \$350 with a \$2500 deposit by August 16

Refund Policy

Deposits are fully refundable until April 1. Cancellations between April 1 and Opening Day are subject to a \$500 fee.

Late arrivals and early departures must be arranged beforehand and are pro-rated at the discretion of the camp, plus an additional fee of \$800. There will be no tuition refund allowed if a camper is sent home because of actions which threaten or are detrimental to the camp community (this includes any camper use of illegal drugs, alcohol, or cigarettes; if a camper is out of his cabin at night or leaves camp grounds without supervision; or if a camper physically, emotionally, or verbally abuses any member of the community).

A signed enrollment form provides the camp:

- Permission to allow photographs, videotapes, and interviews in which your camper may appear to be taken during the camping session and consent to publish and use these to illustrate, report, promote and advertise the camp. Use of any such photographs, videotapes, or interviews may include, but is not limited to, use of these on Internet web sites promoting or reporting on the camp.
- Medical Authorization: to provide for a camper's routine health care, administer prescription and over-the-counter medications, and seek medical treatment, including ordering x-rays or routine tests; to release any records necessary for treatment, referral, billing, or insurance purposes and to provide or arrange necessary transportation for the camper; for any physician, nurse, or other health care provider to communicate with the medical staff and directors about the camper's medical condition, treatment, and/or prognosis; for the camp's medical staff to discuss any medical condition with the directors or the camper's counselors when the medical staff believes such communication to be in the best interest of the child; for a physician selected by the camp director to secure and administer emergency treatment, including hospitalization, for the camper, in the event that none of the emergency contacts can be reached.
- Your acknowledgement that the camping experience involves activities and group living arrangements and interactions that may be new to your child and that they come with certain risks and uncertainties beyond what the child may be used to dealing with at home. You assume these risks on behalf of your child and have instructed him/her on the importance of abiding by the camp's rules and regulations set for the health, safety, and welfare of the children at camp.
- Your acknowledgement that clothes and personal belongings, including sports equipment, will be stored and handled at the camp's discretion to ensure safety. The camp is not responsible for loss or damage to these items. Please do not allow campers to bring unnecessary or expensive items to camp.
- The permission to participate in camp activities, a sampling of which follows, and to leave camp premises for camp activities. Restrictions to any activities need to be noted on the confidential and medical forms.

Land sports (such as baseball, softball, basketball, lacrosse, gaga, hockey, soccer, volleyball, tennis, and football)

Archery	Dance	Music	Sailing
Boating	Diving	Nature	Swimming
Ceramics	Dramatics	Orienteering	Videography
Climbing/Tower	Golf	Photography	Weightlifting
Cooking	Gymnastics	Pioneering	Woodworking
Crafts	Mountainboarding	Radio	

It is agreed that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in New York, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

Camp Scatico operates under a permit from the New York State Department of Health and is inspected twice annually. Copies of inspection reports can be obtained by writing the Columbia County Department of Health, 325 Columbia Street, Hudson NY 12534.



WESTON TROJANS FOOTBALL

Weston, Connecticut

As we get ready for a new year; we will still be attending sleep away sleep however we are changing locations this year. The 2015 Trojans will be the first to hit the field at Camp Scatico located in Elizaville, NY. We will be leaving Friday, August 21st at 7:00 AM and returning back to Weston Sunday, August 23rd at 6:00 PM.

As always our number one goal is to provide the best experience possible. With that said, we remind you all the purpose of this event, to get away with our Trojan family in an environment where we can focus completely on football and preparing for our season. However more importantly it gives us the opportunity to bond and build stronger relationships with our Trojan teammates and coaches in a competitive atmosphere that we will carry with us for the rest of our lives.

Our goal is to develop and build upon the team and life skills needed to be part of this program and in life. Skills such as:

- Teamwork
- Trust
- Communication
- Competition
- Loyalty
- Accountability
- Work Ethic
- Dedication
- Ethics

We are extremely excited to venture to new grounds and have another great experience and opportunity for us to grow and develop. As we prepare for camp, we should all understand and accept the idea that this is a privilege that we earn each year. With that said all members will be held to the highest expectations. When wearing blue and gold, you accept the responsibilities that come along with that. As Trojans, we are expected to represent Weston and ourselves to the Weston standards and tradition. Players will be expected to:

- Follow all district, school, athletic, and team rules and expectations.
- Remain with the team at all times. No wandering off on their own.
- Report to all scheduled events on time and ready to work.
- Display positive interactions with opposing teams, Camp Becket employees and staff and any other personnel associated with the trip.
- Turn in all cell phones upon arrival. (Parents will be able to contact coaches for emergencies)
- Refrain from any illegal substance use.
- Carry the Weston name with pride, class, and dignity.

WE WILL HAVE A NO TOLERANCE POLICY FOR ANY TYPE OF BULLYING OR HAZING ACTIVITY.

In the rare case of a bad decision, players will be held accountable for their decisions.

All in all, live up to the Trojan Standards and it will be a great and productive experience.

TROJAN'S PACKING LIST

- Linens (Sheets, pillow cases etc.)
- Sleeping Bag
- Pillow
- Toiletries
 - Toothbrush
 - Toothpaste
 - Shower accessories
- Clothing
 - Socks
 - Underwear
 - Shorts
 - T-Shirts
 - Evening clothes (Hoodie, sweats etc.) It will get cold.
 - Sneakers
- Football Equipment
 - Cleats
 - Full Pads
 - Mouthpiece
- Snacks
- Flashlight
- Any personal medications, etc

We have decided to collect all cell phones again this year. We would like our boys to be completely focused on football and team development as our time at camp will be packed with events and work. In addition we would like to eliminate any other possible situations and security issues. So in the event of an emergency, please call or text me. I ask you only contact me if it an emergency. I too will be fully engaged and committed to football and preparing our young men for the season.

Thanks,

Coach Pace
Head Football Coach
Weston High Coach
347-443-2243

WESTON PUBLIC SCHOOLS
Weston, Connecticut

Form 2

**SAMPLE FORM FOR
PERMISSION FORM AND ENFORCEMENT OF SCHOOL RULES**

I give permission for my son/daughter to travel as per the attached itinerary for a Weston High School Field Trip to:

CAMP SCATICO, ELIZAVILLE, NY

I understand that all school rules will be strictly enforced and any violation of those rules can result in the student being sent home at the parent/guardian's expense and that other appropriate disciplinary action may be taken upon the students return to Weston High School (including suspension from school).

Parent/Guardian's Name

Telephone Number

Parent/Guardian's Signature

Date

To help insure an enjoyable trip for both students and chaperones, I give permission for my son's/daughter's bags to be inspected.

Parent/Guardian's Signature

Date

I, the student, understand that all school rules will be strictly enforced and any violation of those rules can result in my being sent home at my parent/guardian's expense and that other appropriate disciplinary action may be taken upon the student's return to Weston High School (including suspension from school).

Student's Signature

Date

WESTON PUBLIC SCHOOLS
Weston, Connecticut

Form 1

FIELD TRIP AND MEDICAL COVERAGE FORM

I give permission for medication to be administered by the approved chaperones and these chaperones have permission to approve emergency medical treatment if the parents cannot be reached.

I also understand that it is my responsibility to provide medical insurance for my son/daughter while on this field trip.

I will not hold the Weston School System or the Town of Weston liable for any accidents occurring outside the appropriately chaperoned areas.

_____	_____
Parent/Guardian Name	Emergency Number
_____	_____
Parent/Guardian Signature	Date

**MEDICAL COVERAGE FORM FOR
OVERNIGHT OR LONGER FIELD TRIPS**

Any medical problem? _____

Any allergies? _____

Any on-going medication? _____

If yes, what? _____

How administered? _____

_____	_____
Doctor's Name	Telephone Number
_____	_____
Doctor's Signature	Date

