

2010 CAMP APPLICATION

LAKE DELAWARE BOYS' CAMP, INC.

c/o Jim and Sue Adams, Camp Directors

(winter address)

517 Castle Street

Geneva, New York 14456

Winter phone = (315) 789-4910

Summer phone = (607) 832- 4257 or (607) 832-4451

PLEASE **DO NOT STAPLE** THESE PAGES TOGETHER WHEN YOU MAIL THEM.
WE NEED TO MAKE SEVERAL COPIES OF THE APPLICATIONS AND THE
STAPLE MAKES IT MORE DIFFICULT FOR COPYING. THANK YOU.

INSTRUCTION SHEET

IMPORTANT - PLEASE READ CAREFULLY!

There is a \$40 application fee that MUST accompany each application.

Checks should be made out to the Lake Delaware Boys' Camp.

The application **WILL NOT** be considered if it is not **COMPLETELY** filled out. Please furnish us with **ALL** the information requested before returning it to our office. If you have any questions or need assistance, please contact the office at the above address or phone number.

Upon completion of the enclosed form, please **attach a small photo** of your boy to the application and return the forms to our office as soon as possible, **but no later than April 15, 2010**. Places at camp will be filled shortly after that date, and applications received after April 15th cannot be guaranteed a place. You should hear by May 15th, whether your son has been admitted for the 2010 camp season. If your son has been admitted you will then receive the necessary information and forms needed to attend Lake Delaware Boy's Camp.

Since 1909 there has been no fee charged to send a boy to Lake Delaware Boys Camp. Due to the rising costs in providing a boy a summer camp experience (\$3,000 per camper), we must now require a donation from the parents of campers.

The operating costs of camp are funded by donations from the Gerry family, foundations, alumni, parents and friends of Camp. Although **ALL** parents are required to make a donation, no boy will be denied admission because of inability to pay. As the continued operation of Camp depends on your support, we ask that you be as generous as possible. Donations should be made by June 15th, but should not be sent until you have received a letter informing you that your son has been accepted to attend camp this summer.

**Please Attach
Photo Here:**

DO NOT STAPLE
USE PAPER CLIP

**Lake Delaware Boys' Camp, Inc.
c/o Jim and Sue Adams, Camp Directors
517 Castle Street, Geneva, New York 14456**

2010 APPLICATION FOR AN INVITATION TO LDBC

PLEASE READ INSTRUCTION SHEET FIRST!

(If you need additional space to answer any questions, please insert another sheet of paper).

1) APPLICANT'S NAME IN FULL: _____
DATE OF BIRTH: _____ SS#: _____
ADDRESS & PHONE & EMAIL _____

2) FATHERS NAME: _____
ADDRESS & PHONE & EMAIL: _____

OCCUPATION & EMPLOYER NAME: _____
ADDRESS & PHONE: _____

3) MOTHERS NAME: _____
ADDRESS & PHONE & EMAIL: _____

OCCUPATION & EMPLOYERS NAME _____
ADDRESS & PHONE: _____

4) OTHER MEMBERS OF HOUSEHOLD & RELATIONSHIP TO APPLICANT:

5) HAS THIS BOY BEEN BAPTISED: _____ DATE: _____
CONFIRMED: _____ DATE: _____

6) WHAT SCHOOL DOES HE ATTEND: _____

GRADE: _____ AVERAGE: _____

I give permission for my son's school to be contacted for any further information.
(please initial) _____

- 7) IS THIS CHILD CURRENTLY IN AN INDIVIDUALIZED EDUCATION PLAN (IEP) AS PART OF HIS SCHOOL PROGRAMMING? IF YES, PLEASE EXPLAIN. _____

- 8) TO WHAT CHURCH DOES HE BELONG (INCLUDE NAME AND PHONE # OF PRIEST AND ADDRESS OF CHURCH) _____

- 9) HAS THIS BOY RECEIVED ANY AWARDS OR SPECIAL RECOGNITION IN SCHOOL, CHURCH OR SCOUTS, IN THE PAST YEAR (PLEASE EXPLAIN):

10. PLEASE TELL US OF ANY BEHAVIORAL PROBLEMS YOUR SON MAY HAVE EXPERIENCED.

- 11). HAS THIS BOY BEEN UNDER ANY TYPE OF MEDICAL CARE IN THE PAST YEAR (SICKNESS, ACCIDENTS, OPERATIONS, UNDER CARE OF A THERAPIST (PLEASE EXPLAIN): _____

- 12) WHO RECOMMENDED LDBC TO YOU (NAME, ADDRESS, PHONE# and RELATIONSHIP TO YOU AND TO LDBC (BE SPECIFIC) _____

- 13) ANY ADDITIONAL COMMENTS (i.e.: SPORTS, HOBBIES, SPECIAL INTERESTS, MUSICAL INSTRUMENTS, ETC.) _____

SIGNATURE & YOUR RELATIONSHIP TO APPLICANT DATE

***Please list applicant's:** **HEIGHT:** _____ **WEIGHT:** _____

Lake Delaware Boys' Camp, Inc.

RELEASE & CONSENT FORM

I hereby certify that my son/ward _____ is _____ years old and I am his parent or legal guardian.

I consent that while at Camp he attend the religious services provided.

I further consent that he may be given whatever medical tests, care or treatment that may be prescribed by the physician or nurse selected by Camp; that he may undergo any emergency operation deemed necessary by such physician or nurse.

I hereby entrust the care and supervision of him to Camp upon his arrival *July 7th, 2010* until his departure on *August 8th, 2010*. It is understood and agreed that Camp and its counselors and employees may use such disciplinary measures as are proper under New York State law as may be reasonably necessary to maintain discipline or to promote his welfare.

In consideration of permitting my son/ward to participate in all Camp activities and Camp trips, I release and discharge Lake Delaware Boys' Camp, Lake Delaware Alumni Association and their respective Board of Directors and Officers, their employees, chaperones and volunteers in connection with Camp activities and/or trips.

I hereby authorize Lake Delaware Boys' Camp to use my son's likeness in any photographs, videos, or other promotional activity, including on the Camp website.

I have authority to give this release and consent and acknowledge that the release and consent is a condition of my son/ward being admitted to Camp.

I hereby certify that all the information given on this application is true and correct.

DATE _____ SIGNATURE _____