

Sudbury Creative Thinking Camp

Hudson Valley Sudbury School
84 Zena Road
Kingston, NY 12401

Phone: (845)679-1002

Fax: (845)679-3874

2008 Registration Form

Please return this completed application with payment in full or a 20% deposit to the Hudson Valley Sudbury School. Deposit is refundable (less \$20) prior to June 1. Balance of tuition is due on or before the first day of camp.

Please Enroll: _____
Please Enroll: _____
Please Enroll: _____
Please Enroll: _____

Date of Birth: _____
Date of Birth: _____
Date of Birth: _____
Date of Birth: _____

Week	Dates	List Campers Attending	Amount per Camper	Total
1	July 7 th to July 11 th		\$225	
2	July 14 th to July 18 th		\$225	
3	July 21 th to July 25 st		\$225	
4	July 28 th to Aug 1 st		\$225	
5	Aug 4 th to August 8 th		\$225	
6	Aug 11 th To Aug15 th		\$225	
Sub Total				
5% Discount if you pay in full by May 15 th				
10% Discount for HVSS Families				
5% Discount for each child after the first when enrolling multiple campers				
Grand Total (Make check payable to Hudson Valley Sudbury School)				

Camper's permanent address: _____
Home Phone: _____

Camper's summer address: _____
Home Phone: _____
(if different) _____

Camper Lives With (not siblings):

Name: _____ Relationship: _____
Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

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Work Phone: _____

Cell Phone: _____

Emergency Contacts (other than listed above):

Name: _____

Relationship: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Work Phone: _____

Cell Phone: _____

How did you learn about the Camp?

Word of Mouth _____

Advertisement _____

HVSS Website _____

Online Research _____

Other _____

The safety and well-being of each participant is of paramount importance to the staff of Sudbury Creative Thinking Camp. All reasonable care and precautions are taken to ensure that a fun and creative community-building experience takes place. The following release of liability is an important document for you to read and understand before your child arrives at camp. Please read, sign and date.

Assumption of Liability

In recognition of the potential hazards outlined above, I, on behalf of myself, my child(ren), and my assigns, do hereby release Hudson Valley Sudbury School, its employees, agents, successors, and assigns, of and from any and all liability, causes of action, claims, demands of every kind and nature whatsoever arising out of my child's participation at Sudbury Creative Thinking Camp, including but not limited to any claim arising out of the conditions of the premises, the operations of the camp, the acts of omissions of Hudson Valley Sudbury School employees and agents, or any other negligence. I further agree to indemnify and hold harmless Hudson Valley Sudbury School, and its employees and agents, for and from any damages, including reasonable attorneys' fees and costs, incurred in connection with my child(ren)'s participation at Sudbury Creative Thinking Camp.

Parent's/Guardian's Signatures

Date

Parent's/Guardian's Signatures

Date