

4 STAR CAMPS – STONY BROOK UNIV. TENNIS APPLICATION – 2010

Dates • Prices • How to Apply • Cancellation Policy

2.12.10			
PROGRAMS	DATES	TUITION	OPTIONAL EXTRAS
Tennis Camp High School Players only (Ages 14 – 18)	Tue. July 6 – Fri. July 9	Residential: \$795 + \$150 room key/damage deposit Day: \$525 + \$50 key/damage deposit: Extended Day: \$625 + \$50 key/damage deposit	<ul style="list-style-type: none"> • Tuition Insurance: 5% of all monies • Weekend Stay: \$325
Tennis Camp Junior Camp (Ages 9 – 18)	Sun. July 11 – Fri. July 16 Sun. July 18 – Fri. July 23	Residential: \$875 + \$150 room key/damage deposit Day: \$575 + \$50 key/damage deposit: Extended Day: \$675 + \$50 key/damage deposit	<ul style="list-style-type: none"> • Tuition Insurance: 5% of all monies • Weekend Stay: \$325

HOW TO APPLY:

1. Complete the application, waiver and parent's agreement in the application
2. Parent or guardian signs the waiver and parent's agreement forms.
3. Applications received before May 1, require a \$200 deposit with balances due on May 15.
4. Applications received after May 1, require full tuition, extras and separate key/damage deposit check.
5. All payments must be in U.S. dollars, drawn on a U.S. bank account. The option to pay in Euros by wire transfer is available. Please contact us for more information.
6. If full payment is not received when due, 4 Star reserves the right to accept or reject any reservation.
7. You may pay by check, money order payable to 4 Star Camps, by credit card (MasterCard or VISA only) or by wire transfer.
8. Please send application, signed waiver and parent's agreement, along with payment to:
 Registrar - 4 Star Camps
 P.O. Box 3387
 Falls Church, VA 22043 OR fax to: 703-866-7775

CANCELLATION POLICY: All cancellations must be received in writing and are subject to the following:

1. Until April 1, refund of tuition monies less \$100.
2. April 2 - June 1, refund of tuition monies less \$200.
3. After June 1, no refunds will be issued unless Tuition Insurance has been purchased.

REFUNDABLE FEES: The separate key/damage check covers lost keys, damages to camp and/or university facilities. This check is returned within 2 weeks of camp stay (a little longer if paying with credit card) if there are no losses or damages. 4 Star reserves the right to use key/damage deposit to cover any unpaid balances.

EXTENDED DAY: Available for day students wanting to stay for dinner and the evening activities from 6 – 10 pm on a weekly basis.

TUITION INSURANCE: May be purchased prior to June 1 for 5% of your total camp fees (excluding room key/damage fee). Insurance protects your camp investment should you need to cancel after June 1 up to 5 pm the Friday prior to the start of your camp session resulting in a refund of tuition monies less \$200. Tuition insurance will not cover those expelled due to breach of camp rules.

MEDICAL RELEASE: The completed form needs to be returned to our office 1 week prior to your check-in date, otherwise your child will be unable to participate. Students not covered by health insurance will need to have a VISA/MasterCard (drawn on a U.S. bank) or cash on hand with the camp to cover medical expenses.

PLEASE NOTE:

1. Upon receipt of your application and deposit/payment you will be e-mailed a confirmation packet containing your details/forms.
2. Inclement weather may necessitate changes to the typical daily schedule.
3. 4 Star reserves the right to limit enrollment and/or cancel any class/program if there is overwhelming or insufficient registration.

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Please advise our office of any custody agreements relating to your child's stay at camp.

Camper Name _____ Today's Date _____

Parent Name _____ Phone (Home) _____ - _____ - _____

Home address _____

City _____ State _____ Country _____ Zip _____

Camper Email _____ Parent Email _____

Phone (Mother Cell) _____ - _____ - _____ Phone (Mother Office) _____ - _____ - _____

Phone (Father Cell) _____ - _____ - _____ Phone (Father Office) _____ - _____ - _____

T-shirt size (adult sizing): S M L XL Age during camp _____ Sex _____ Birth Date ____/____/____

Grade in fall _____ School _____ Where did you learn of 4 Star? _____

Do you want room & board? Yes No Roommate Request Name _____

Would you like a single room, if available, at \$300/wk? Yes No I would like Extended Day

Schedule:	Tennis Camp Stony Brook Univ.
7/6 - 7/9 High School Players Camp	
7/11 - 7/16 Jr. Camp (Age 9 – 18)	
7/18 - 7/23 Jr. Camp (Age 9 – 18)	

Tennis Playing Level: Beginner Intermediate Advanced

REGISTERING PRIOR TO March 17, 2010

- Early Registration Special + \$200 deposit due with your application by credit card and balance charged on the 1st of the month to credit card in equal installments ending June 1.
- Early Registration Special + \$200 deposit due with your application. Balances due on May 15.

REGISTERING BETWEEN March 17 TO MAY 1, 2010

- \$200 deposit due with your application. Balances due on May 15.

REGISTERING AFTER MAY 1, 2010

- Applications received after May 1, require full tuition, extras and separate key/damage deposit check.

OPTIONAL EXTRAS

- I am registering prior to June 1st and would like to purchase tuition insurance at a cost of 5% of my fees (not including room/key deposit)
- I am a multi-week camper and would like to remain on campus over the weekend (\$325)

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CREDIT CARD PAYMENTS - card and application cannot be processed without signature & all the information below.

Card Type: Visa MasterCard Please charge my payments or balance on the same card.

Card Number: _____ - _____ - _____ - _____ Expiration Date: Month _____ Year _____

3-digit Signature Panel Code _____ (# on signature strip of your card)

Name As Printed on Card: _____

SIGNATURE OF CARDHOLDER: _____

Address and Phone Number where credit card bills are received:

Street
Address: _____

City, State, Zip: _____

Phone: _____ - _____ - _____

CHECK or MONEY ORDER or WIRE TRANSFER PAYMENTS

Enclosed is a check or money order in U.S. dollars drawn on a U.S. bank made payable to 4 Star Camps.

I am faxing (703-866-7775) my completed application form, waiver, signed parents agreement and would like to pay via wire transfer in Euros. You may contact me at this email address with wire transfer instructions:

MAILING ADDRESS FOR APPLICATIONS, WAIVERS, PAYMENTS, SIGNED PARENTS AGREEMENTS

Registrar – 4 Star Camps
PO Box 3387
Falls Church, VA 22043

OR Fax to: 703-866-7775

WAIVER OF LIABILITY, RELEASE, ACKNOWLEDGMENT OF RISK AND INDEMNIFICATION AGREEMENT

ADVISORY: This agreement (the "Agreement") is legally binding. If any of this Agreement requires clarification, please seek a complete explanation prior to signing. By signing this Agreement, you are waiving the right to bring a court action to recover compensation or any other remedy for accidents, injury or death arising out of your child's presence or activities at 4 Star Camps.

I understand that 4 Star Camps is not a function of Stony Brook University and that these institutions are not responsible for camp activities.

I have read the 4 Star Camps brochure and/or website and give permission for my child to participate in the 4 Star Camps program at Stony Brook University.

I am aware that outdoor activities and athletic activities, including tennis, golf, running, walking, athletic conditioning, and related activities are activities which pose potentially serious risks of injury or death to their participants. I am aware of the intrinsic dangers of these activities. I am also aware that, in addition to these activities specifically listed, my child will be engaged in a range of other activities by virtue of his or her presence at and participation in 4 Star Camps, within or outside of the city, including traveling in public or private vehicles.

I understand that my child may be injured or die as a result of his or her negligence, the negligence of others, or through no fault of himself or herself or anyone else, because of the nature of the activities in which my child is going to be engaged. I understand that the risks may include, but are not limited to, all manner of accident, injury or death.

I am the parent or guardian of _____.
With the knowledge of the foregoing, I hereby acknowledge and voluntarily assume on behalf of my child these and all other risks and exposures while my child is present at 4 Star Camps. In consideration of and as an inducement for acceptance of my child as a camper at 4 Star Camps and for the use of Stony Brook University facilities, I hereby agree that I shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her presence at or participation in the camp and to not hold Calmar Group, Inc., dba 4 Star Camps, its Board of Directors, employees and agents, and the State of New York, Stony Brook University, and their employees and agents, responsible for any such injury or loss including traveling in public or private vehicles, or as a result of criminal activity, weather or other acts of God, accidents, illness, acts of terrorism or other events beyond the reasonable control of 4 Star Camps and its employees or agents except for willful or wanton misconduct by Calmar Group, Inc. or its employees or its agents.

I further agree to indemnify and hold harmless all of the foregoing parties from any claims which I might make or which might be made on my behalf or which others might make against me arising from my child's presence or participation in activities at 4 Star Camps.

There have been no promises, warranties or representations pertaining directly or indirectly to this Agreement which are not contained herein. I have read fully and understand and accept the terms of this Agreement. I represent and warrant that I have the authority to sign this Agreement, and I execute this Agreement on behalf of my child and on behalf of all other parents or guardians of the minor.

Facsimile signatures shall be deemed originals for purposes of this Agreement.

Name of child: _____

(Signature of parent or guardian)

(Date)

PARENT'S AGREEMENT TO TERMS OF 4 STAR CAMPS

I am the parent or guardian of _____ . I acknowledge the following:

1. I agree that my child will abide by the camp rules, and I realize that any breach of conduct may result in immediate expulsion from the camp without refund. In the event of such expulsion, the parent or guardian will be notified and will bear all additional expenses incidental to the expulsion of the child, including the entire cost of the transportation of the child back home. The manner, means and scheduling of such transportation will be determined exclusively by 4 Star Camps.
2. I agree to the payment schedule, refund policy, and other terms listed in the brochure and/or website.
3. I acknowledge that 4 Star Camps reserves the right to use photographs, videotapes and testimonials of campers in publicity and educational materials.
4. I give permission for 4 Star Camps and its employees to obtain medical treatment of my child in the event of injury and/or sickness during his or her presence at the camp.
5. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such injury and/or sickness.
6. I understand that I am responsible for carrying health insurance that provides adequate coverage for injuries or illness my child may sustain while participating in 4 Star Camps, and I agree to carry such insurance.
7. I will submit a Medical Release Form signed by me and by a physician **as required by law of the State of New York**. I will send or otherwise deliver the Medical Release Form to 4 Star Camps so that it is received by the camp office no later than (1) week prior to the child's camp session. I understand that the Medical Release Form must be on file before my child participates in any camp activities and that a missing or incomplete Medical Release Form after the child's arrival at camp will cause my child to sit out of activities.
8. I acknowledge that 4 Star Camps reserves the right to limit enrollment in, and/or cancel, any activity if enrollment for such activity is either oversubscribed or undersubscribed.
9. I acknowledge that inclement weather may necessitate changes to the typical daily schedule.
10. I represent and warrant that I have the authority to sign this Agreement, and I execute this Agreement on behalf of my child and on behalf of all other parents or guardians of the minor.

Facsimile signatures shall be deemed originals for purposes of this Agreement.

(Signature of parent or guardian)

(Date)