

STRATTON SUMMER CAMPS

Child's Name: _____ Date of Birth: _____

(Please complete separate form for each child)

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Mobile: _____

Email Address: _____

Emergency Contact(s): _____ Phone: _____

Are there any medical issues/allergies we should be aware of? _____

Payment by: Check: Cash: Credit Card: Visa MasterCard Amex

Make checks payable to: Stratton Mountain Resort

Mail checks to: Stratton Sports Center, Attn: Scott Colebourne, 5 Village Lodge Road, Stratton Mountain, VT 05155-9406
Please do not provide CC# online, if you haven't already please call 800 787 2886 to complete payment

Credit Card #: _____ Exp. Date: _____

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the camper. I/we hereby give permission for the staff of Stratton Summer Camps to seek appropriate medical treatment for the camper during the period of the Camp and for the camper to receive medical attention in the event of an accident, injury, disease or illness. I/we will be responsible for all costs of medical attention provided. Additionally, I/we, for ourselves individually and on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge Stratton Mountain Resort and Cliff Drysdale Management and its partners and affiliated officers, directors, agents, and employees (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, death, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with Stratton Summer Camps including transportation to, transportation from, participation, meals and medical decisions relating to the Camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties. Cliff Drysdale Management retains all rights to any video/photographs taken at the camp to be used for publicity or advertising.

Parent/Guardian Signature: _____

Camp Prices

Tennis

Daily \$85
Half Day \$65
Weekly \$325
Half Day/Weekly \$220

Adventure Camp

Daily \$65
Half Day \$50
Weekly* \$245
Half Day/Weekly \$195

Adventure / Golf

Weekly \$325
Daily \$85
Golf Only Half Day 1-4pm \$60
Golf Only Half Day Weekly \$200

Tennis / Golf

Weekly \$395
Daily \$99

Bus Service

Weekly \$25

*Sibling discount available, \$20 off price for each sibling (for Adventure Camp weekly option only).
All full day camps include morning snack and lunch.

Session Options

Full Day: Half Day: Weekend:

	Tennis	Adventure	Adventure/ Golf	Tennis/ Golf	Bus Service
June 11-15	<input type="checkbox"/>				
June 18-22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 25-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 30- August 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 6- 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 13-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 20- 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 27- 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Campers choosing to attend by the day, half day or weekend options should specify below.

No refunds, full or partial will be issued within 72 hours of the camps start time.
Inside of 72 hours campers may switch for another week/program. NO Exceptions.
Camps take place rain or shine!

For more information: Contact 1.800.STRATTON

Office Use Only:

If this does not open your email program please save and email as an attachment to scolebourne@intrawest.com or complete the form, print, and return via post or scan.

REGISTRATION