

**REGISTER ONLINE AT [www.4hcampct.org](http://www.4hcampct.org)  
CAMP APPLICATION - 2025 WINDHAM-TOLLAND 4-H CAMP - FORM A**

Camper's Name (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_, Town \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_  
 Boy \_\_\_\_\_ Girl \_\_\_\_\_ Date of Birth (Month, Day, Year) \_\_\_\_\_ Age \_\_\_\_\_ School Grade in Sept., 2025 \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Please circle your choice below:**

<b>RESIDENT (Overnight) CAMP</b>	Sun 2:30 PM – 4 PM thru Fri 7 PM	(Boys & Girls, Ages 9-15)
<b>DAY CAMP (Sunday Check-in 2:30pm-4pm)</b>	Mon thru Fri - 8-8:30 AM – 5-5:30 PM	(Boys & Girls, Ages 6-15)
<b>½ Week CLOVER CAMP A, C, E, or G</b>	Sun. 2:30pm thru Tues 5 PM	(Clover Boys & Girls, Ages 7-8)
<b>½ Week CLOVER CAMP B, D, F, or H</b>	Wed. 8:00 AM thru Fri 7 PM	(Clover Boys & Girls, Ages 7-8)
<b>Full Week CLOVER CAMP I, J, &amp; K</b>	Same Schedule As Resident Camp	(Clover Boys & Girls, Ages 7-8)

  

Circle your week choice(s):						Special Activities (add'l Fees Apply)	
<b>WEEK 1 –Cartoon Wk</b> <i>June 22 – June 27</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>CLOVER A</b> 6/22 - 6/24 Sun - Tues \$330	<b>CLOVER B</b> 6/25 – 6/27 Wed - Fri \$330	<b>COW CAMP</b> \$25	<b>(9+ Yrs Old)</b> Wood Fiber Crafts \$40	<b>(9+ Yrs Old)</b> Riding + \$275
<b>WEEK 2 – Dragons &amp; Dinos Wk</b> <i>June 29 – July 4</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>CLOVER C</b> 6/29 – 7/1 Sun – Tues \$330	<b>CLOVER D</b> 7/2 – 7/4 Wed – Fri \$330		Wood Fiber Crafts \$40	Riding + \$275
<b>WEEK 3 – Carnival Wk</b> <i>July 6 - July 11</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>CLOVER E</b> 7/6 – 7/8 Sun – Tues \$330	<b>CLOVER F</b> 7/9 – 7/11 Wed - Fri \$310		Wood Fiber Crafts \$40	Riding + \$275
<b>WEEK 4 – Wild Wilderness Wk</b> <i>July 13 - July 18</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>CLOVER G</b> 7/13 – 7/15 Sun - Tues \$330	<b>CLOVER H</b> 7/16– 7/18 Wed- Fri \$330		Wood Fiber Crafts \$40	Riding + \$275
<b>WEEK 5 – Outer Space Wk</b> <i>July 20 - July 25</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>Clovers I</b> \$620			Wood Fiber Crafts \$40	Riding + \$275
<b>WEEK 6 – International Wk</b> <i>July 27 – August 1</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>Clovers J</b> \$620			Wood Fiber Crafts \$40	Riding + \$275
<b>WEEK 7– Super Splash Wk</b> <i>August 3 - August 8</i>	<b>RES</b> \$620	<b>DAY</b> \$395	<b>Clovers K</b> \$620			Wood Fiber Crafts \$40	Riding + \$275
<b>WEEK 8 – Capture the Flag Wk</b> <i>August 11 – August 15</i>	<b>DAY CAMP ONLY</b> \$395						

A CONFIRMATION LETTER TO EACH CAMPER WILL BE MAILED AFTER YOUR REGISTRATION IS PROCESSED. I understand that there is \$200.00 deposit for Resident Camp and Experience Clovers, a \$100.00 deposit for Day Camp and Teen Leaders and a \$50.00 deposit for Clover Camp and Horseback Riding. **No refunds after May 21, 2025.** I also understand there are **NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS** (please see website for complete refund policy).

**PAYMENT METHOD: A deposit for each camper per week per session is required.**

- Check/ money order enclosed payable to: **Windham-Tolland 4-H Camp.** Amount: \$ \_\_\_\_\_
- VISA/Discover/MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I wish to bunk with (MAXIMUM OF ONE CAMPER ONLY) \_\_\_\_\_, age \_\_\_\_\_ (MUST BE SAME AGE). **Both friends must request each other on their applications.** Applications with more than one person requested for bunking will not be accepted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Cardholder Signature (if paying by credit card)

\_\_\_\_\_  
Date

FORM B (Please return with Forms A, B, C, D, E, F & G)

WINDHAM-TOLLAND 4-H CAMP
CODE OF CONDUCT AGREEMENT
FOR CAMPER, TEEN LEADERS AND PARENTS

I, the undersigned camper/teen leader and parent/legal guardian have read the basic rules for participation at the Windham-Tolland 4-H Camp program outlined below and agree to abide by the rules.

Campers will:

- Participate fully in the program.
Be responsible for his/her own behavior and uphold standards for their peers.
Follow all scheduled times, including curfew and wake-up.
Will dress appropriately for a co-ed outdoor recreation experience.

Campers will not:

- Leave the camp premises without staff supervision and director permission.
Disobey directives from camp staff or camp policies, rules and regulations.
Be disrespectful or direct profanity, vulgar language, or obscene gestures towards other campers or camp staff or wear offensively worded or graphic clothing.
Play with matches, fire, or commit arson.
Partake in the theft or the unauthorized removal of camp property, staff property or camper property.
Fight, provoke fighting or commit physical abuse to others or themselves.
Commit extortion, coercion or blackmail that force an individual(s) to act through the use of force or threat of force.
Make derogatory statements that may substantially disrupt the camp program or insight violence.
Engage in sexual harassment: any unwelcome sexual advance or conduct including lewd remarks, touches, or request for sexual favors that have the effect of intimidating individuals or disrupting the camp environment will not be tolerated.
Sell, give, deliver, possess, use or be under the influence of drugs, alcohol or tobacco products. This includes the misuse of prescription and over the counter medications. THIS INCLUDES ALL VAPING.
Haze other campers.
Possess a weapon or dangerous instrument to be used as a weapon.
Violate local, state or federal laws.
Intentionally damage camp facilities including graffiti; you will be billed for damages.
Bring electronic equipment including but not limited to: cell phones, CD players, MP3 players, iPods, iWatches, video games, radios, Kindles and Nooks or other electronic devices.

- Failure to comply with these rules may result in but not be limited to a "time-out" from an activity, removal from a program area or expulsion from the camping program. Corporal Punishment is not permitted at the Windham-Tolland 4-H Camp. Violations of local, state or federal laws will be reported to the authorities.
I understand that there is a \$200.00 deposit for Resident Camp and Full Week Clovers, a \$100.00 deposit for Day Camp and Teen Leaders and a \$50.00 deposit for 1/2 week Clover Camp and Horseback Riding. There are NO REFUNDS AFTER May 21, 2025. I also understand there are NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS.
PERMISSION FORM - Complete a separate application form for each child. I hereby give permission for the named camper to attend the Windham-Tolland 4-H Camp and to participate in all activities, subject to the authority of the camp director. I further give permission for the named camper to participate in any planned out-of-camp outings or trips under the supervision of the director or assigned staff member. I will not hold the Windham-Tolland 4-H Camp responsible for the loss of money, jewelry, or personal articles brought to camp. I also give my permission for use of any photo of the named camper to be used by the Camp Committee for camp public relations.

Optional Information:

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: White Black/African American Asian
American Indian/Alaskan Native Native Hawaiian/Pacific Islander

BOTH CAMPER AND PARENT/ LEGAL GUARDIAN MUST SIGN THIS CODE OF CONDUCT.

Signature of Camper AND Signature of Parent/ Legal Guardian Date :

**CAMPER INFORMATION MEDICAL FORM – FORM C**

Camper's Full Name \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Home Ph \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Ph \_\_\_\_\_ Work/Other Ph \_\_\_\_\_  
Email \_\_\_\_\_

Parent/Gaurdian#2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work/Other Ph \_\_\_\_\_  
Email \_\_\_\_\_

Name of additional emergency contact(s):  
\_\_\_\_\_ Ph \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Ph \_\_\_\_\_ Relationship \_\_\_\_\_

Health Insurance Company \_\_\_\_\_  
Insurance Policy # \_\_\_\_\_  
Insurance carried by \_\_\_\_\_ Employer \_\_\_\_\_

**HEALTH HISTORY**

Date of Last Physical Exam: \_\_\_\_\_ **\*\*\*\*Must be within last 2 years and provided to camp. \*\*\*\***  
Last Tetanus Immunization: \_\_\_\_\_  
Primary Care Physician : \_\_\_\_\_ Phone: \_\_\_\_\_  
Current weight \_\_\_\_\_ Current height \_\_\_\_\_

**PERMISSION TO TREAT**

Connecticut law states that except in the case of an emergency which threatens life or limb, parent or guardian must sign consent to treat for a patient under the age of 18. Please complete this section to allow your camper to receive treatment for accident, injury or illness at a medical facility.

- Camper be will transported to nearest hospital, Day Kimball Hospital in Putnam, CT
- On out of camp trips, camper will be brought to hospital nearest to field trip location.
- Camp staff will always notify parent/guardian of need for medical care.
- Camper Health History and Registration Forms will be shared with Medical Facility.

I request and authorize, Day Kimball Hospital, or nearest medical center, and its personnel to deliver medical care to my child listed here: \_\_\_\_\_. I also authorize the Windham Tolland 4-Camp to share Camper and Health History with the Medical Provider. This authorization will expire one year from date of signature unless otherwise stated.

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. **EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for me(staff) or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for and to order injection and/ or anesthesia and/or surgery for me(staff)/or my child as named above. This form may be photo-copied for use out of camp. I also give permission for the camp to provide routine medical care for my child.

\_\_\_\_\_  
Signature (Parent/Guardian/Adult Staff Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent/Guardian/Adult Staff Member)

\_\_\_\_\_  
Relationship to camper

Name: \_\_\_\_\_

Age: \_\_\_\_\_

The following questions are required for ALL campers. This plan of care is to help maintain health and maximize camper participation in the camp program. Please complete this form even if your child has no official diagnosis.

**PLEASE CHECK ALL THAT APPLY AND COMPLETE APPLICABLE SECTIONS:**

\_\_\_ My child has a food allergy(s) to: \_\_\_\_\_

\_\_\_ My child has non-food allergy(s) to: \_\_\_\_\_

(ie: Seasonal, medications, animals, etc)

The plan of care is \_\_\_ Avoidance

\_\_\_ Medication as ordered. Please attach doctor's order.

\_\_\_ Other, please specify \_\_\_\_\_

\_\_\_ Are there any conditions your child receives treatment or medication for, that they will need while at camp?

\_\_\_\_\_  
Please attach doctors' orders, **CAMP FORM E** or school form is acceptable.

\_\_\_ Does your child have any special dietary needs: (Religious, preference)? \_\_\_\_\_

\_\_\_ Does your child have any oral or dental needs? \_\_\_\_\_

\_\_\_ Is your child hearing impaired? \_\_\_ Yes \_\_\_ No. If yes what is the plan of care: \_\_\_\_\_

\_\_\_ Is your child vision impaired? \_\_\_ Yes \_\_\_ No \_\_\_ Glasses \_\_\_ Contacts \_\_\_ Other

The plan of care is \_\_\_\_\_

\_\_\_ My child has a chronic illness or diagnosis of: \_\_\_\_\_

The plan of care is \_\_\_\_\_

\_\_\_ Does your child have cognitive, emotional, or psychological limitations? Do they have a diagnosis \_\_\_ Yes \_\_\_ No

If a diagnosis, please list here: \_\_\_\_\_

The best way to support my child with this is: \_\_\_\_\_

\_\_\_ Does your child have social limitations? \_\_\_ Yes \_\_\_ No

The best way to support my child with this is: \_\_\_\_\_

\_\_\_ Have your child had a serious illness, hospitalization or accident in the last 12 months. \_\_\_ Yes \_\_\_ No

Please explain. \_\_\_\_\_

\_\_\_ Has your child required psychiatric counseling/hospitalization? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

\_\_\_ Does your child have physical limitations as ordered by their Physician? \_\_\_ Yes \_\_\_ No (Send with Physician's orders)

\_\_\_ **Check here to be contacted by Camp Nurse or Camp Director to further discuss and plan for the needs of your child. Please indicate best number or email for contact and what you would like to discuss** \_\_\_\_\_ -

\_\_\_ Does your child require a plan of care for any special health needs? \_\_\_ Yes \_\_\_ No

(If you answered yes to any of the questions above please check yes)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**THIS FORM REQUIRES PHYSICIAN'S SIGNATURE**

**AND PARENT/GUARDIAN'S SIGNATURE**

**FOR PRESCRIBED MEDICATIONS AND DAILY OVER-THE-COUNTER MEDICATION**

Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY YOUTH CAMP PERSONNEL**

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse, first aid, the director, alternate director or youth camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's or dentist's name and date of the original prescription. Daily Over the counter medication must also be in the original container.

**OVER-THE-COUNTER MEDICATIONS NOT LISTED ON FORM G ALSO REQUIRE A PHYSICIAN'S WRITTEN ORDER AND MUST BE IN THEIR ORIGINAL CONTAINERS.**

**MEDICATIONS CURRENTLY BEING TAKEN** (Meds brought to camp must be in their original labeled pharmacy container.)

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

**ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.**

**Identify any medications taken during the school year that participant does/may not take during the summer:**

\_\_\_\_\_

**AUTHORIZATION FOR LICENSED MEDICAL PERSONNEL (PHYSICIAN OR DENTIST)**

The person named herein may be administered the medications indicated above. In the event the camp nurse is unavailable, camper/staff member (check one) \_\_\_\_\_ may \_\_\_\_\_ may not self-administer this medication under the supervision of camp first aid personnel.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Physician or Dentist Signature

Printed \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR PARENT/GUARDIAN**

I hereby authorize the camp nurse to administer the medications indicated above as ordered by my physician and the camp physician. In the event the camp nurse is unavailable, camper/staff member (check one) \_\_\_\_\_ may \_\_\_\_\_ may not self-administer this medication under the supervision of camp first aid personnel.

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

- Camper
- Staff

**FORM F – RETURN WITH FORMS A, B, C, D, E**

**MEDICAL EVALUATION**  
**MUST BE GOOD WITHIN 2 YEAR OF CAMPER'S LAST DAY AT CAMP**

**SCHOOL PHYSICAL AND SPORTS PHYSICALS ALSO ACCEPTED- Please include immunization record**

**MEDICAL PRACTITIONER MUST COMPLETE AND SIGN**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Emergency Contact #1 \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Emergency Contact #2 \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Date of Exam \_\_\_\_\_

\_\_\_\_\_ May participate in all camp activities.

\_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunizations Practices: **Please attach a copy Camper's immunization record.**

*(If you require a religious exemption for immunizations, please contact our office at 860-974-1122)*

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			TB Test		Result:

Comments: \_\_\_\_\_

**Health History: (Check all that apply)**

\_\_\_\_\_ Epilepsy or seizures      \_\_\_\_\_ Frequent ear infections      \_\_\_\_\_ Menstrual problems      \_\_\_\_\_ Asthma  
 \_\_\_\_\_ Frequent sore throats      \_\_\_\_\_ Headaches      \_\_\_\_\_ Bed wetting      \_\_\_\_\_ Heart Disease  
 \_\_\_\_\_ Back pain or strain      \_\_\_\_\_ Alcohol/drug addiction      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Eye Glasses  
 \_\_\_\_\_ Heart Disease      OTHER: \_\_\_\_\_

**Pertinent past medical treatment:** \_\_\_\_\_

**ALLERGIES**

**Medication Allergies**

**Describe reaction and management of reaction**

\_\_\_\_\_  
 \_\_\_\_\_

**Food Allergies**

\_\_\_\_\_  
 \_\_\_\_\_

Other Allergies (including: insect stings, hay fever, asthma, animal dander, etc.)  
 \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_, M.D. Telephone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

Examining Physician Signature

FORM G – OVER-THE-COUNTER MEDICATIONS  
Return with Forms A, B, C, D, E, F

**THIS FORM REQUIRES PARENT/GUARDIAN'S SIGNATURE**  
**TO AUTHORIZE THE ADMINISTRATION**  
**OF ANY OVER-THE-COUNTER MEDICATIONS**

Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_

**I DO WISH OVER-THE-COUNTER MEDICATIONS TO BE GIVEN TO MY CHILD.**

I understand the Health Care Provider will administer the following over-the-counter medication or the generic version, if necessary, according to directions on the bottles unless a physician directs otherwise. The Camp provides these as needed over-the-counter medications. **(Please cross out any medication on this list you do not want your child to receive.)**

**Symptom:**

Athletes Feet  
Skin irritations  
Minor aches/pain/fever  
Minor cough/sore throat

Minor Allergic Reactions/Allergies  
Poison Ivy/Rashes  
Bug Bites

Indigestion/Heartburn  
Constipation  
Clogged Ears  
Open Areas/Cuts  
Lactose Intolerant  
Sore Muscles

**Over-The-Counter Medication:**

Desenex or similar powder/spray  
Gold Bond Powder  
Tylenol/Advil/Ibuprofen/Aleve  
Robitussin/Cough/Throat Drops/Chloraseptic  
Throat Spray  
Benadryl, Claritin, Xyzel and Zyrtec  
Calagel Lotion/Calamine Lotion  
Benzocaine Swabs/Dermoplast  
Hydrocortisone Cream/Benadryl Cream  
Antacid/Pepto Bismol/Tums  
Milk of Magnesia  
Auro-Dry  
Bacitracin/Triple Antibiotic ointment  
Lactaid tablets  
Bengay (Menthol Muscle Pain relieving cream)

**For any medication/ supplements not listed above, and to be taken daily while at camp, you must use Form E with a doctor's signature in order for the Camp Nurse to give said medication/ supplements to your camper.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

Print Parent or Legal Guardian's Name \_\_\_\_\_

Parent's Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

=====

I DO NOT WISH ANY MEDICATIONS TO BE GIVEN TO MY CHILD, \_\_\_\_\_  
Camper's Full Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Parent's Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

## ***Windham- Tolland 4-H Camp Refund, Transfer and Credit Policy***

Windham-Tolland 4-H Camp is outstanding because of the staff and quality programming we provide.

Our refund policy allows us to reliably staff our programs with highly trained staff to help your children grow in all areas of life. Note: Camp refund, transfer or credit requests must be made in writing to [registrar@4hcampct.org](mailto:registrar@4hcampct.org).

- ***Refund: Receiving check or credit card reimbursement for programs paid for by payee.***
- ***Transfer: Moving camper tuition monies within Windham-Tolland 4-H Camp registration system to a different week of camp for the same child in the same camp season.***
- ***Credit: Releasing camper tuition monies and applying it to the family's general account for use by another sibling (not to be turned into cash, check or credit reimbursement), credit expires after 2 years from date of request. CREDIT IS FOR USE BETWEEN IMMEDIATE FAMILY MEMBERS ONLY.***
- ***We will do our best to honor all transfer & Credit requests but cannot guarantee space availability due to the first-come, first-served nature of our program.***

### ***Refund, Transfer and Credit Policy***

Email Received	Credit Card/ Check Refund	Transfer Camp Weeks	Credit
Prior to May 1	<b>Day Camp/Short Clover Sessions:</b> Available, less \$50 processing fee per camper week <b>Resident Camp/Teen Leader:</b> Available, less \$100 processing fee per camper week <b>Riding:</b> Available less, \$50	Available	Available
May 1- May 20	<b>Day Camp/Short Clover Sessions:</b> Available, less \$100 processing fee per week/per child <b>Resident Camp/Teen Leader:</b> Available, less \$200 processing fee per camper week <b>Riding:</b> Available less, \$50	Available	Available
May 21- June 6	Not Available after May 20 <sup>th</sup> .	Available	Available
June 6-End of camp	Not Available after May 20 <sup>th</sup> .	Available as long as there is availability	Not Available

### ***In the event camp is cancelled***

We reserve the right to cancel programs at any time for the health and safety of campers, staff and families. If such cancellations do occur the following refund/transfer/ credit policy will be implemented. We will provide refunds less a \$20 per week administrative fee. (Maximum per Family fee is \$100) or funds maybe transferred to another session or activity.

Please know that many costs are incurred before your child arrives at camp, please know that these policies are in place so that we can continue to provide quality programs for years to come.

I have received and read this copy of the refund policy.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date