



Camper Name: _____

REGISTRATION FOR WINTER CAMP 2020/2021 SESSION APPLICATION AND INSTRUCTIONS

ADMISSION

Boys and girls of all nationalities, ages of 5 to 16, who are in good health and able to participate fully in all winter camp activities. Lovell Camps offer camp sessions for a period of one or more weeks. We warmly welcome children to have an experience of a lifetime, in the world famous Gstaad Ski Region.

REGISTRATION PROCEDURE

1. Complete the following registration form and questionnaire or fill in our **online application** form at www.lovellcamps.ch
2. Upon receiving notification from the camp that place(s) are available, payment of a deposit of **half the fees per session**, must be made immediately. This deposit will be deducted from the fees, but will not be refunded unless written notice of cancellation is received by the camp **30 days before the session commences**.
3. A certificate of good health, to be provided by the camp, must be signed by a medical doctor. This certificate must be forwarded to the camp **30 days before the session commences**.
4. The balance of fees and extra charges must be paid **30 days before the session commences**.
5. Read and sign our '**Terms and Conditions**'.

PRICE *(Please put a check mark beside your choice and indicate number of sessions)*

- ☐ **Boarder** **CHF 2,200.00** per weekly session **# of Sessions:** _____
- ☐ **Day Camper** **CHF 1,500.00** per weekly session **# of Sessions:** _____

SESSIONS *(Please put a check mark beside your session or sessions of choice)*

Session #	Dates	Session #	Dates	Session #	Dates
<input type="checkbox"/> 1	20.12.20 - 26.12.20	<input type="checkbox"/> 6	24.01.21 - 30.01.21	<input type="checkbox"/> 11	28.02.21 - 06.03.21
<input type="checkbox"/> 2	27.12.20 - 02.01.21	<input type="checkbox"/> 7	31.01.21 - 06.02.21	<input type="checkbox"/> 12	07.03.21 - 13.03.21
<input type="checkbox"/> 3	03.01.21 - 09.01.21	<input type="checkbox"/> 8	07.02.21 - 13.02.21	<input type="checkbox"/> 13	14.03.21 - 20.03.21
<input type="checkbox"/> 4	10.01.21 - 16.01.21	<input type="checkbox"/> 9	14.02.21 - 20.02.21	<input type="checkbox"/> 14	21.03.21 - 27.03.21
<input type="checkbox"/> 5	17.01.21 - 23.01.21	<input type="checkbox"/> 10	21.02.21 - 27.02.21	<input type="checkbox"/> 15	25.03.21 - 31.03.21

Please confirm exact dates: **Start Date:** _____ **End Date:** _____

SESSION INFORMATION

Boarders arrive on **Sunday's** and **depart** on **Saturday's** throughout the season. Multiple sessions can be selected as long as there is availability.

Day campers attend Monday to Friday from 09.00 to 17.30.

** day camper parents may pick up their children at the ski hill after skiing ends at 16.00*

Saturday and **Sunday** ski or excursion programs are offered to **boarders** who are staying for two or more sessions.

Day campers can join our weekend programs for an additional daily charge. *(Please see our 'Optional Extra Charges')*

INCLUDED

Fees include all ski and snow sport lessons and programs, ski pass, language lessons in either French or English, afternoon program (swimming, climbing, sports & activities), full room and board (boarders), lunches (day campers), snacks, school supplies and equipment, excursions and transportation to and from the ski hill and for excursion programs.

Not included are ski and snowboard rentals and equipment, camp shirts, baseball hats, German language lessons, medical insurance, airport transfers, door-to-door bus service, *pocket money and *personal expenses.

Additional fees may apply for special programs.

**Pocket money and *personal expenses will be taken out of the non-refundable weekly deposit charge of CHF 100.00 for boarders and CHF 50.00 for day campers.*

WITHDRAWAL

There will be no reduction in fees in the event of a child's withdrawal, dismissal or temporary absence.

Please read and sign our 'Terms and Conditions' which is part of this registration.

PAYMENTS

Payments should be made in **Swiss Francs** by bank transfer to

Lovell International Camps AG

at the following bank:

**Credit Suisse, Promenade,
CH-3780 Gstaad, Switzerland**

Acct. No. 1422166-31

Swift No. CRESCHZZ80A

IBAN: CH45 0483 5142 2166 3100 1

When making a bank transfer, **please indicate the name of the child(ren)** for whom you are making the payment.

Love Winter?
Love ...





WINTER INFORMATION QUESTIONNAIRE

A. GENERAL

Name of Child: _____ Birthdate: _____
Height in CM: _____ Weight in KG: _____ Shoe Size: _____
Name of Parent or Legal Guardian: _____
Camp Session(s) and Dates: _____

Permanent Mailing Address:

Winter Address (if local):

Telephone (Main): _____
Mobile: _____
Email: _____

Telephone (Main): _____
2nd Mobile: _____
2nd Email: _____

B. TELL US ABOUT YOUR CHILD

Nationality: _____ 1st Language: _____ Other Languages: _____

Briefly outline the subjects, hobbies, sports, etc. in which your child is interested:

Does your child have any social, academic or disciplinary problems?

Has your child ever been to a camp? Has your child ever been to an overnight camp?

Are there any special measures to be taken concerning your child's health? (e.g. allergies, infection problems, medicines, injuries ...)

List any violent food dislikes and food allergies:

Special Remarks: _____

Please indicate whether your child will be participating in the Ski or Snowboard program.

Ski Program

Snowboard Program

C. SKIING ABILITY:

Please check the box which best describes your child's skiing

Non-Skier

Weak

Intermediate

Good

Very Good

List any levels achieved and any helpful information: _____

D. SNOWBOARD ABILITY:

Please check the box which best describes your child's snowboarding

Non-Snow.

Weak

Intermediate

Good

Very Good

List any levels achieved and any helpful information: _____

E. OPTIONAL ACTIVITIES:

SWIM ABILITY:

Please check the box which best describes your child's swimming

Beginner

Weak

Intermediate

Good

Very Good

Please CHECK the box to choose your child's 'OPTIONAL EXTRAS':

- ☐ . Equipment Rental (CHF 130.-/week) ☐ . Helmet Rental (CHF 20.-/week) ☐ . Medical Insurance (CHF 150.-/week)
- ☐ . T-Shirt (CHF 40.-) ☐ . Baseball Hat (CHF 35.-) ☐ . Day Camper Shuttle Service (CHF 150.-/week)
- ☐ . Geneva Airport (CHF 150.- per child per way) ☐ . Zürich Airport (CHF 300.- per child per way)
- ☐ . Arriving as Unaccompanied Minor (UM) ☐ . Departing as UM

F. LANGUAGE CLASSES OR AFTERNOON PROGRAM:

Children can choose to take part in language lessons or afternoon program. Language lessons occur 3 x 1 hour per week.

Please check:

☐

Afternoon Program

Language Lessons

Language to be studied at camp:

☐ ENGLISH

OR

☐ FRENCH

☐ GERMAN (CHF 90.-/lesson)

Has your child studied the language chosen above?

Yes

☐ No

If the answer is "yes" to the above question, give details as to how long, by what method.

Please rate your child's knowledge and understanding of the language to be studied by checking the box next to the appropriate word:

a) Conversational Ability

☐

Beginner

☐

Weak

☐

Intermediate

☐

Good

☐

Very Good

a) Writing Ability and Grammatical Knowledge

☐

Beginner

☐

Weak

☐

Intermediate

☐

Good

☐

Very Good

Comments:

G. TRAVEL ARRANGEMENTS (BOARDERS ONLY)

Please read the "Instructions" concerning travel, and indicate the exact time and method of your child's arrival and departure. If being met in Geneva or Zürich, give flights and times

Arrival Information:

Arriving Airport in Switzerland:

Airline:

Flight Number:

Arriving From:

Arrival Time:

Connecting Flight Information:

Departure Information:

Departing Airport in Switzerland:

Airline:

Flight Number:

Departing To:

Arriving At:

Connecting Flight Information:

I will bring my child to Camp

I will pick my child up from camp

Date:

Signature of Parent or Guardian: