



LOVELL INTERNATIONAL SUMMER CAMP 2021 CAMPER REGISTRATION

(Please try to use our online application form at www.lovellcamps.ch)

Name (First and Last): _____

Name Used: _____ Boy Girl

Date of Birth: _____ Nationality: _____
(Day / Month / Year)

First Language: _____ Other Language: _____

Name of Parent: _____

Mailing Address: _____

Telephone Numbers: _____

Mobile Numbers: _____

Email Address: _____

2021 Camp Sessions (Please circle)

SESSION 1: THREE WEEK SESSION JULY

	Dates	Boarding Fees	Day Fees
Campers	Sunday July 4 – Saturday July 24	CHF 6,300	CHF 3,900

SESSION 2: THREE WEEK SESSION AUGUST (Please circle)

	Dates	Boarding Fees	Day Fees
Campers	Sunday July 25 – Sat. August 14	CHF 6,300	CHF 3,900

ADDITIONAL OPTIONS:

Campers **One –Week Sessions** (Multiple One–Week Sessions Available)

Boarding Fees	Day Fees
CHF 2,200	CHF 1,500

of Sessions: _____ Start Date: _____

* Boarders attend Sunday to Saturday. If staying for two one–week sessions additional fees apply for our Sunday excursion program. Please indicate # of sessions and start date above.

Please be advised that our summer camp program consists of 2 three-week sessions which are carefully designed to provide a unique and well-balanced summer experience for each individual to receive sufficient instruction, guidance and coaching in the many diverse lessons, activities and excursions on offer. Only campers that attend for a minimum of three weeks will be eligible for our award programs.

Since new campers generally need 2-4 days to become fully integrated into the camp community, shorter sessions barely provides time to fully appreciate the camp community and its role models. We thoroughly recommend choosing three-week sessions, to get the most out of our programs.

This is to certify that I agree to the terms and conditions for summer camp, and that if this application is accepted by Lovell Camps, I will pay the camp fees in accordance with the terms. I understand that no portion of the registration deposit will be refunded unless written notice indicating that the above-mentioned child will be unable to attend, is received by the camp on or before 01. May 2021. I understand and agree that no reduction in fees or allowance will be made for my child's temporary absence, withdrawal or dismissal from camp.

Date: _____

Signature: _____

LOVELL INTERNATIONAL CAMPS

CAMPER INFORMATION QUESTIONNAIRE

A. GENERAL

Name of Child _____ Birthdate _____

Height in cm _____ Weight in kilos _____

Enrolled for (mark with an "X") July and / or August

Name of Parent _____

Permanent Mailing Address:

Summer Address:

Tel. _____

Tel. _____

Cell _____

Cell _____

Fax _____

Fax _____

E-mail _____

E-mail _____

B. SOCIAL AND MEDICAL

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 away from home before? If "yes", please give the details.

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

List any violent food dislikes _____

Special remarks _____

C. **SWIMMING ABILITY:** Please circle which of the following best describes your child's swimming ability.

Non-swimmer Weak Intermediate Good Very good

D. **OPTIONAL ACTIVITIES:**

Please indicate "yes" or "no" for "extra" items (prices are indicated in brackets (1-week/2-week/3-week)):

- Horseback Riding (100/200/300 CHF) Tennis (100/200/300 CHF) Golf (120/240/360 CHF)
 Arriving Geneva (150 CHF) Departing Geneva (150 CHF) Medical Insurance (180 CHF)
 Baseball Cap (35 CHF) Additional T-shirt (40 CHF) (campers receive 1 t-shirt free)

(Please specify if your child(ren) will be travelling as unaccompanied minors (UM) - Yes No

Schoolbus service to and from camp (Saanen, Gstaad & Rougemont day campers only - 150 CHF per week)

E. **LANGUAGE CLASSES:**

First or native language _____

Second Languages _____

Language to be studied during camp (**English or French**) _____

Has your child studied the language chosen above? _____

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 putting a circle around the the appropriate word:

a) Conversational Ability

Beginner Weak Intermediate Good Very Good

b) Writing Ability and Grammatical Knowledge

Beginner Weak Intermediate Good Very Good

Comments: _____

F. **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, give flights and times.

Arrival: _____

Departure: _____

Date: _____ Signature of Parent: _____