



Camper Name: _____

REGISTRATION FOR WINTER CAMP 2025/2026 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 **CHF 1,000.00 per child**, 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**'. *Non-Refundable registration fees apply.*
(Boarder = CHF 100.00 / week and Day Camper = CHF 50.00 / week)

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

- ☐ **Boarder** **CHF 2,300.00** per weekly session **# of Sessions:** _____
- ☐ **Day Camper** **CHF 1,800.00** 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	14.12.25 - 20.12.25	<input type="checkbox"/> 6*	18.01.26 - 24.01.26	<input type="checkbox"/> 11	22.02.26 - 28.02.26
<input type="checkbox"/> 2	21.12.25 - 27.12.25	<input type="checkbox"/> 7*	25.01.26 - 31.01.26	<input type="checkbox"/> 12	01.03.26 - 07.03.26
<input type="checkbox"/> 3	28.12.25 - 03.01.26	<input type="checkbox"/> 8	01.02.26 - 07.02.26	<input type="checkbox"/> 13	08.03.26 - 14.03.26
<input type="checkbox"/> 4	04.01.26 - 10.01.26	<input type="checkbox"/> 9	08.02.26 - 14.02.26	<input type="checkbox"/> 14	15.03.26 - 21.03.26
<input type="checkbox"/> 5*	11.01.26 - 17.01.26	<input type="checkbox"/> 10*	15.02.26 - 21.02.26		

* Limited spaces available

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 for boarders staying multiple sessions 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. 1422166-31-1

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 ...*





LOVELL CAMPS

INTERNATIONAL SPORT AND EDUCATION CAMPS

WINTER INFORMATION QUESTIONNAIRE 2025/2026

A. GENERAL

Name of Child _____ Birthdate _____

Height in cm _____ Weight in kilos _____ Shoe Size _____

Name of Parent(s) _____

Start Date _____ End Date: _____ Nationality: _____

Permanent Mailing Address:

Tel. _____

Cell _____

E-mail _____

Winter Address:

Tel. _____

Cell _____

E-mail _____

B. SOCIAL AND MEDICAL

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.

List any allergies or medical concerns: _____

List any violent food dislikes _____

Special remarks _____

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

Ski program _____

Snowboard program _____

C. SKIING ABILITY:

Please circle which of the following best describes your child's skiing ability.

Non-skier

Weak

Intermediate

Good

Very good

D. SNOWBOARDING ABILITY:

Please circle which of the following best describes your child's snowboarding ability.

Non-snowboarder

Weak

Intermediate

Good

Very good

E. OPTIONAL ACTIVITIES:

Swim Ability (Please circle): **Beginner** **Weak** **Intermediate** **Good** **Very Good**

Please indicate "yes" or "no" for the following "extra" items:

Ski/Snowboard Rental _____ Medical Insurance _____ Baseball Cap _____

T-Shirt _____ Helmet Rental _____ Day Student Pick Up _____

Arriving Geneva as **Unaccompanied Minor** _____ Departing as **UM** _____

Day Camper Bus Service _____

F. LANGUAGE CLASSES / AFTERNOON PROGRAM

Children are able to take part in language lessons or afternoon program.

Please circle:

Afternoon Program or Language Lessons

Please fill out if you circled language lessons above.

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: _____

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, give flights and times.

Arrival: _____

Departure: _____

Date: _____ **Signature of Parent:** _____