www.LIVoyagersDayCamp.com

2026 Registration Form

Camper information:

Child's Name: _____

Child's Date of Birth: _____ **Gender:** ☐ **M** ☐ **F**

School: _____ **Grade Entering:** _____ **Age**: _____

Child's T-shirt size (Please Check One) Child: ☐ **S** (6-8) ☐ **M** (10-12) ☐ **L** (14-16) or Adult: ☐ **S** ☐ M ☐ **L** ☐ **XL**

Family Information:

Are You a Returning Family: ☐ Yes ☐ No

How did you hear about Long Island Voyagers Day Camp?_____

Parent or Guardian Contact Info:

Name: ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** _____

☐ Primary Number: (_____)_____

☐ Secondary Number: (_____)_____

☐ Alternate Number : (_____)_____

Street: _____

City: _____State: _____ Zip:_____

Email: _____

Is pick up and drop off address same as home address? ☐ **Yes** ☐ **No**

If pick up and/or drop off is at another location, please fill out following information:

($100 to change pick up and drop off location)

Parent or Guardian: _____

Business/Childcare: _____

Street: _____

City: _____State: _____ Zip:_____

Please choose weeks attending in box below:

☐ week 1 6/29 - 7/2	☐ week 5: 7/27 - 7/31
☐ week 2 7/6 - 7/10	☐ week 6: 8/3 - 8/7
☐ week 3 7/13 - 7/17	☐ week 7: 8/10 - 8/14
☐ week 4 7/20 - 7/24	☐ week 8: 8/17 - 8/21

Friday 7/3 Camp Closed in observance of the 4th of July

2026 Rates:

Please circle the total amount of weeks in box below with payment amount

No. Of Weeks	Early Bird/Discount until 2/28	Seasonal After
2	$2,295	$2,494 3/1
3	$2,695	$2,895
4	$3,095	$3,295
5	$3,495	$3,695
6	$3,995	$4,195
7	$4,495	$4,695
8	$4,995	$5,195
DEPOSIT	$750	50%
Price include: Transportation, All activities, Insurance, Camp shirt		

Enrollment Agreement:

1. Long Island Voyager's Day Camp has permission for my child to participate in all camp programs. Including field trips that are planned and supervised by long Island Voyager's Day Camp.
2. Long Island Voyager's Day Camp has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior. Long Island Voyager's Day camp is not obligated to refund tuition or any unused amount of the tuition.
3. CANCELLATION POLICY: After, March 1st, total tuition is non-refundable. $100 late fee if payments are not paid in full before April 15th. All deposits are non-refundable regardless of circumstances.
4. Long Island Voyager's Day Camp will not refund any tuition fees if your child has been expelled from the camp. He and/or she will be given three (3) warnings prior to being expelled.
5. Long Island Voyager's Day Camp has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
6. Long Island Voyager's Day Camp has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact cannot be contacted in an emergency, Long Island Voyager's Day Camp has the permission to have my child examined at a hospital emergency room.

Parent Signature: _____ Date: _____

Payment information: (Please check one)

☐ Check ☐ Credit Card (all credit cards will be charged 5%) ☐ Cash / Venmo

Name on Card: _____

Card Type: ☐ Visa ☐ Mastercard ☐ Discover

Card #: _____

Exp. Date: _____ CV: _____

Camp Fee: $ _____

Tax: $ _____
Please add 8.5% tax

Deposit: $ _____
All payments are paid in full or will be charged a $100 late fee on or before May 15th

Late Fee: $ _____

TOTAL FEES: $ _____

Please mail in or email @livoyagersdaycamp@gmail.com
Long Island Voyager's Day Camp P.O. Box 1111 West Babylon, New York 11704
www.LIVoyagersDayCamp.com

LONG ISLAND VOYAGER'S DAY CAMP

MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and entirely. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Long Island Voyager's Day Camp programs or activities, now or anytime in the future.

ACKNOWLEDGEMENT OF RISK

I, in my legal capacity as the parent /guardian of the minor named below, do hereby acknowledge and agree that participation in any activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips and falls, (2) aquatic injuries, (3) athletic activities, (4) transportation, (5) off site trip activities and (6) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with any activity or program participation and that said list in no way limits the operation of this agreement.
_____INITIAL

CORONAVIRUS/COVID-19 WARNING & DISCLAIMER

Coronavirus, Covid-19 is an extremely contagious virus that spreads easily person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in LONG ISLAND VOYAGER'S DAY CAMP programs or accessing LONG ISLAND VOYAGER'S DAY CAMP facilities could increase the risk of contracting COVID-19. LONG ISLAND VOYAGER'S DAY CAMP in no way warrants that COVID-19 infection will not occur through participation in LONG ISLAND VOYAGER'S DAY CAMP programs of accessing LONG ISLAND VOYAGER'S DAY CAMP facilities.

_____INITIAL

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of _____'s participation in LONG ISLAND VOYAGER'S DAY CAMP activities and programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE LONG ISLAND VOYAGER'S DAY CAMP, its officers, directors, employees, volunteers, agents, representatives, and insurers ("releases") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence , which I, the named minor, my heirs, representatives, executors, administrators, and assigns may have, now or in the future, against LONG ISLAND VOYAGER'S DAY CAMP on account of personal injury, property damage, death, or accident of any kind, arising out of or in any

way related to the use of LONG ISLAND VOYAGER'S DAY CAMP facilities/equipment or participation in LONG ISLAND VOYAGER'S DAY CAMP programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in activities and programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's activity and program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in any activity and program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in any activities and programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in any activities and programs.

I further certify that my date of birth is _____(MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

_____ _____

Participant Name (Print Clearly) Date

_____ _____

Parent/Guardian Signature Parent/Guardian Name (Print Clearly)