

# National Leadership and Literacy Camp

## Application & Tuition Agreement Form

**NLLC, July 7 – 25, 2012, New Mexico School for the Deaf  
1060 Cerrillos Road, Santa Fe, New Mexico 87505**

Full Name of Applicant (please print): \_\_\_\_\_

School: \_\_\_\_\_ Grade as of May 2012: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Camper's E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Videophone: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Parent's Pager: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male T-Shirt size (Adult): S M L XL XXL (circle one)

Circle one: Deaf Hard of Hearing CODA Circle your sign language skills: excellent good fair

Check your school setting: \_\_\_ Deaf School \_\_\_ mainstream program \_\_\_ inclusion setting in local school

Check here if you are a former NLLCer: \_\_\_ Yes What year?: \_\_\_\_\_

Special deal on SIGNews subscription — only \$10 for one full year. Interested? Yes or No

I wish to send my child (print full name): \_\_\_\_\_  
to the 2012 National Leadership and Literacy Camp. My \$100 (nonrefundable after April 15, 2012) registration fee payment and THREE written recommendations are enclosed. NOTE: Former NLLCers are waived from doing the recommendation letters. I agree to make the payment of \$600 to cover the remaining tuition fee on or before April 15, 2012. The NLLC will refund 100% of camper registration fees if requested prior to April 15. After April 15 camper registration fees will only be refunded in the event of serious illness or death of the camper or a member of the camper's immediate family (mother, father, grandparent or sibling). I also agree to have my child receive a medical evaluation. Users, or their parents or guardians, are responsible for providing health insurance coverage while attending camp sessions. As further disclaimed herein, The NLLC will not be held liable for any injuries at camp. I give permission for my child to participate in the camp activities. I understand that I will be held responsible for the cost for any damage caused by my child. My child has my permission to participate in scheduled field trips and my child can be photographed, videotaped or interviewed for research and/or promotional purposes (names will be kept anonymous) during the camp sessions.

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

\_\_\_\_\_  
Date

\*\* Medical form and additional forms will be mailed to you as soon as we receive this application form. \*\*

### Registration Contact:

Frank R. Turk, Administrator  
National Leadership & Literacy Camp  
1833 N. 132nd Ave. Circle  
Omaha, Nebraska 68154  
VP: 402-206-2527  
Fax: 402-496-1528  
fturk@c-s-d.org



**Note: Additional Information: [WWW.NLLCAMP.COM](http://WWW.NLLCAMP.COM)**