

PATHFINDERS ADVENTURE CAMP

SUMMER 2018

CAMPER INFO

<i>Camper Name:</i>	<i>Age:</i>	<i>Gender: M or F</i>
<i>Street</i>	<i>City</i>	<i>Zip Code</i>
<i>School:</i>	<i>17/18 School Grade:</i>	<i>DOB:</i>



HOUSEHOLD INFO

<i>Primary Parent/Guardian Name:</i>		
<i>Home Phone:</i>	<i>Work Phone:</i>	<i>Cell Phone:</i>
<i>Email Address:</i>		
<i>Parent/Guardian Name:</i>		
<i>Home Phone:</i>	<i>Work Phone:</i>	<i>Cell Phone:</i>
<i>Email Address:</i>		
<i>Emergency Contact:</i>	<i>Relationship to Camper:</i>	<i>Phone:</i>



CAMPER MEDICAL INFO

<i>Primary Physician:</i>	<i>Physician Phone:</i>
<i>Medications:</i>	
<i>Medical Conditions/Allergies</i>	



Camper Name: _____

Release of Liability

I understand that part of the Stamford Youth Services Adventure Education and Challenge Course may be physically and emotionally demanding. I affirm that my health or my child's health is adequate and that I or my child are not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Stamford Youth Services Bureau's Adventure Education and Challenge Course Program or Pathfinders Adventure Camp. I recognize the inherent risk of emotional injury and/or serious physical injury, resulting in permanent injury or death, associated with the utilization of and/or participation in the Stamford Youth Services Bureau Adventure Education and Challenge Course Program.

In consideration for the privilege of participating in the Stamford Youth Services bureau Adventure Education and Challenge Course Program, the undersigned hereby agrees that:

1. I FULLY ASSUME FOR MYSELF OR MY CHILD ALL RISKS ASSOCIATED WITH UTILIZATION OF AND PARTICIPATION IN THE STAMFORD YOUTH SERVICES BUREAU ADVENTURE EDUCATION PROGRAM AND/OR PATHFINDERS ADVENTURE CAMP, EVEN IF DUE TO THE NEGLIGENCE OF THE CITY OF STAMFORD, ITS AGENTS, SERVANTS OR EMPLOYEES.

2. I HEREBY RELEASE, AND FURTHER AGREE AND COVENANT THAT I WILL NOT SUE, THE CITY OF STAMFORD, ITS AGENTS, SERVANTS AND EMPLOYEES, AND ALL OF ITS DEPARTMENTS, BOARDS, COMMISSIONS AND AGENCIES, INCLUDING STAMFORD'S YOUTH SERVICES BUREAU, ITS STAFF MEMBERS, FROM ALL LIABILITY SHOULD AN INJURY TO ME OR MY CHILD OCCUR DURING PARTICIPATION IN THE STAMFORD YOUTH SERVICES BUREAU ADVENTURE EDUCATION PROGRAM AND/OR PATHFINDERS ADVENTURE CAMP, EVEN IF CAUSED BY THE NEGLIGENCE OF THE CITY OF STAMFORD, ITS AGENTS, SERVANTS OR EMPLOYEES

3. I, FOR MYSELF OR MY CHILD AND FOR MY HEIRS, ASSIGNS, SUCCESSORS, EXECUTORS, ADMINISTRATORS, AND LEGAL REPRESENTATIVES, AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF STAMFORD, ITS AGENTS, SERVANTS AND EMPLOYEES, AND ALL OF ITS DEPARTMENTS, BOARDS, COMMISSIONS AND AGENCIES, INCLUDING STAMFORD'S YOUTH SERVICES BUREAU, FROM ANY AND ALL CLAIMS, SUITS OR DEMANDS BY ANYONE ARISING FROM MY USE OF OR PARTICIPATION IN THE STAMFORD YOUTH SERVICES BUREAU ADVENTURE EDUCATION PROGRAM AND/OR PATHFINDERS ADVENTURE CAMP, EVEN IF CAUSED BY THE NEGLIGENCE OF THE CITY OF STAMFORD, ITS AGENTS, SERVANTS OR EMPLOYEES.

Stamford's Youth Services Bureau may also videotape or take photographs of participants enrolled in adventure activities, classes or programs. These photos and or videos may be used for promotional purposes.

I certify by my signature that I have read this document carefully understand the risks involved with the participation and wish to continue in my participation.

Parent/Guardian Signature

Date

Camper Name: _____

Enrollment & Payment Information

I am registering my son/daughter for the following weeks: Week# 1 2 3 4 5 6 7
6/25 7/32 7/9 7/16 7/23 7/30 8/6

\$250/Wk for Weeks 1 & 3—7
\$200/WK for Week 2

Payment Info:

Amount \$ _____ Check # _____ (Payable to City of Stamford)

Credit Card (Circle One): MasterCard Visa AMEX Discover

Credit Card # _____ Expiration Date: _____

CVV#: _____

Billing Address (If different from page 1):

Name on Card: _____

Street: _____

City _____

State _____ Zip _____

Phone: _____



Refund Policy

- All refund requests must be made in writing within 90 days of purchase.
- We will not accept refund requests after camp begins.
- Allow 2-3 weeks for refunds to be processed.
- Registration changes will only be accommodated if space in desired week or weeks is available.

DEMOGRAPHICS (please check one in each category)

Race:

- American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 Multi Racial
 White

Family:

- 2 Birth/Adoptive Parents
 Step & Birth Parent
 Single Parent Female
 Single Parent Male
 Grandparent
 Relative/Guardian
 DCF
 Foster Parent
 On Own
 Joint Custody
 Other

Free/Reduced Lunch:

- Receives Free/Reduced Lunch
 Eligible for Free/Reduced Lunch
 Not Eligible

Ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

[Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes. All demographic information is reported anonymously.]