

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 7/2 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.]