

The Catskill Community Center 2017 Youth Summer Enrichment Program Registration Form

Thank you for your partnership with us and the community in bringing enrichment activities to the children.

Child Name				
First Birth da Street Address Child's Home Phone	Middle	Last		
Grade Birth da	ite/	_ Age		
Street Address		Town/City	State	Zip
Child's Home Phone				
Parent/Guardian - 0	Contact Informatior	1		
Parent/Guardian #1				
FirstStreet Address Home Phone		Last		
Street Address		Town/City	Stat	e Zip
Home Phone	Work Phone	Cell phone	E-mail	

Parent/Guardian - Con	tact Information			
Parent/Guardian #2				
First		Last		
Street Address		Town/City	Stat	e Zip
FirstStreet Address Home Phone	Work Phone	Cell phone	E-mail	
Child lives				
with				
Emergency Contact	Information - Alter	rnate Pickup/Relea	ise	
Emergency Contact #1		• •		
First Namé	Last Name			
First Namé Work Phone Email	Cell Phone			
Email		Relation to child		
Emergency Contact #2				
First Name	Last Name			
Work Phone Email	Cell Phone			
Email		Relation to child		



Catskill Community Center Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Catskill Community Center (CCC) (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the CCC, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, familiarize him/herself with the premises and facility or the affiliated program. It is further warranted that such entry into the CCC for observation or use of any facilities or equipment or participation in such affiliated program have been observed and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CCC FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE CCC, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the CCC, its Directors, Officers, Employees, and Agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the CCC.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the CCC premises or in any was observing or using any facilities or equipment of the CCC or participating in any program affiliated with the CCC whether caused by the negligence of the releases or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BOSILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon premises of the CCC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the CCC

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

Photo Release

I hereby give permission for my child to be photographed during the 2017 Summer Enrichment Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for marketing purposes, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Catskill Community Center and its affiliates.

Catskill Community Center Permission for Medical Treatment

I authorize the Catskill Community Center to arrange for transportation in case of accident or acute illness of my child. If the CCC is unable to reach the designated contact to receive instruction for my child's care, consent is given to any licensed physician and/or surgeon called or whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief and/or preservation of my child's life, and/or health and well-being. Cost incurred for treatment of sudden illness or accident will be processed initially through my insurance prior to submitting claim to the CCC. This authorization and consent for treatment is given to the CCC in conjunction with any authorized event.

I understand and agree to the policies stated above.	
Signature of Applicant/Parent	_Print Name
Name of Child in Program	Date

Medical Information		
Insurance Name	Insurance Policy #	······
Physician	Phone	······
Please list medical problems, including a Medical Problem	ny requiring maintenance m <u>Required treatment</u>	
		Yes/No
		Yes/No
		Yes/No
Is your child presently being treated for a Yes No If yes, please explain: Is your child allergic to any type of food o		ng any form of medication for any reason yes, explain:
Does your child require a special diet? Ye	s No If yes, explain:	
The nurnose of the above listed informat	ion is to ensure that medica	I personnel have details of any medical

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Registration Form for 2017 Youth Summer Enrichment Program!

Additional Fee Programming can be purchased individually or as "add-ons": You may Register on-line (see link) or stop in The CCC for assistance. Payment can be called in with credit card via phone, or by PayPal, by cash or check. Need help with transportation? Try calling Greene County Transit at (518) 943-3625 Questions? Call us at (518) 719-8244 Monday through Friday 9am-3pm

NAME OF ENRICHMENT PROGRAM	DAY AND TIME	FEE
Enrichment includes "daily/regular" and "special"		
programming. Choose as many or as few as you like - \$55.		\$55.
, , , ,		755.

ADDITIONAL FEE PROGRAM	DAY AND TIME	FEE

1			[
-	TOTAL		
	101712		•

Please understand:

- *The 2017 Summer Enrichment Program is non-refundable and based on first come, first served.
- *No reservation will be considered without payment in full.
- *For residents, outside of the town of Catskill, there will be a \$10. upcharge.
- *Catskill residents get priority in choice of programming.
- *There will be no programming on Tuesday, July 4th in observance of this federal holiday.
- *Closing Program/Show presented by the children will take place at The CCC, on Saturday Aug. 5th, 12n-4pm.