Lemberg Constructive Connections

REGISTRATION FORM

(download pdf here)

February 19-22 2013 and April 16-19, 2013

Please select all desired sessions

Session 1	Session 2	Sessions 1&2	Single Day
Feb 19-22	April 16-19	Feb 19-22 & April 16-19	Price/day
$265	$265	$500	$85

Camper's Full Name: _____

Preferred Name: _____ Total Due: $_____

Gender: Male __ Female __ Birth date: ___/___/_____ Amount enclosed: $_____

Address: Street: _____

City_____ State:_____ Zip: _____

Parent/Guardian: _____

Phone Home: (_____) _____-_____ Work: (_____)_____-_____

Please return full payment and completed form to:

Second Parent/Guardian: _____

Phone Home: (_____)_____-_____ Work: (_____)_____-_____

E-Mail: _____

Emergency Contact: _____

Phone: (_____)_____-_____ Relationship: _____

MEDICAL RELEASE:

I, the parent or responsible adult of the registered camper(s), appoint the Lemberg Children's Center, Inc. and Brandeis University to act in my behalf in authorizing first aid and CPR for the above named child during my absence for the relief of pain and to preserve life and health. *Parent's initials required for participation*: _____

FIELD TRIP RELEASE:

For a break or project, we need your permission to take camper to different facilities on campus or for a walk to collect objects for activities. First aid kit and cell phones are carried with each group. *Your initials below signify the following*: "I allow the staff of the Lemberg Children's Center and Brandeis University to take my child to alternative facilities and on walks on Campus." _____

VIDEO, RECORDING TAPE & PHOTO RELEASE:

The projects and activities include videotaping and voice recording of children individually and /or in a group. *Your initials below* indicates your permission for your child(ren) to appear in video recordings, photographs and/or sound recordings made for performance or display on Friday afternoon. _____

Additional Information about your child:

If your child requires special attention due to physical, learning, or emotional conditions; allergies; medication; special diet, please make sure Howie Baker (781-736-2200) has this information*before* the start of camp.

Special Information:_____
_____

BRANDEIS UNIVERSITY HELD HARMLESS AGREEMENT WITH PARENT OF PARTICIPANT

By signing below, I hereby acknowledge and understand that the Lemberg Children's Center, Inc. and Brandeis University neither accept nor assume responsibility for my child's welfare, or for any injuries, claims or losses arising from any acts or omissions, including but not limited to claims arising from the negligence of any person involved in the program. I, on behalf of my executors, heirs, administrators or assigns hereby release and forever discharge the Lemberg Children's Center, Inc., Brandeis University, and their respective Trustees, officers, employees or agents, of and from any and all actions, causes of action, claims, lawsuits, judgments and demands whatsoever, of any name and nature, including but not limited to negligence claims, which are in any way related to my child's participation in the program or any of the activities involved in that event.

Signature _____ Date_____