

Lemberg Creative Connections Summer Camp

REGISTRATION FORM

July 22 - August 2, 2019

Please select all desired sessions. If selecting single day(s) please note which day(s).

Session 1	Session 2	Sessions 1&2	Single Day
07/22-07/26	07/29-08/02	07/22-08/02	
\$500	\$500	\$950	\$115

2nd child in family discount 5% - not on daily rate.

Camper's Full Name: _____

Preferred Name: _____ Total Due: \$_____

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

Address: Street: _____

City: _____ State: _____ Zip: _____

Parent/Guardian (1): _____

Cell (1): (____) ____ - _____ Work (1): (____) ____ - _____

E-Mail (1): _____

Please return full payment

Parent/Guardian(2): _____

and completed form to:

Cell (2): (____) ____ - _____ Work (2): (____) ____ - _____

Lemberg Children's Center

E-Mail (2): _____

MS44 Brandeis University

Emergency Contact: _____

Waltham, MA 02453

Phone: (____) ____ - _____ Relationship: _____

MEDICAL RELEASE:

I, the parent or responsible adult of the registered camper(s), appoint the CCCamp Staff, 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: _____

Immunization Record and Physical: All campers must meet the Department of Public Health requirements for immunizations and a medical report within one year. Please make arrangements to have forms sent by fax: 781 736-2204, or mail, or brought to Lemberg CC for our requirements to **prior** to your child's first day. *Parent's initials:* _____

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 CCCamp, Lemberg Children's Center and Brandeis University to take my child to alternative facilities and on walks on Campus." *Parent's initials required for participation in this program :* _____

VIDEO, RECORDING TAPE & PHOTORELEASE:

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. *Parent's initials provides authorization:* _____

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 the Lemberg office (781-736-2200) has this information before the start of camp. (There are additional forms that DPH requires)

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 is a separate corporation from Brandeis University and that Brandeis University does not 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 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 associated with the Lemberg Children's Center, a separate corporation from the University.

Signature _____ Date _____