

# Lemberg Creative Connections Camp

## REGISTRATION FORM

February 18-21, 2020 and April 21-24, 2020

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

Session 1	Session 2	Sessions 1&2	Single Day
Feb 18-21	April 21-24	Feb 18-21 & April 21-24	Price/day
\$350	\$350	\$650	\$115

*2<sup>nd</sup> child discount of \$25 only on full week rate or both sessions*

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 campus must meet the Dept. of Public Health requirements for immunizations and a medical report within one year. Please have a copy faxed to 781-736-2204, mailed or brought to CCCamp **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 & PHOTO RELEASE:**

The projects and activities include videotaping and voice recording of children individually and /or in a group. Your initials below grant permission for your child(ren) to appear in video recordings, photographs and/or sound recordings made for performance or display on Friday afternoon and in emails sent to you and other camper families and for advertising this program. *Parent's initials*

*provide 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, EEC requires, staff will contact you.)

**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 \_\_\_\_\_