

John Jay Homestead's Summer History Camp 2008 Registration Form

Child's Information

Name:	Age:	Sex:
Date of Birth:		
Name of Parent or Legal Guardian:		Cell Phone:
Home Phone:	E-mail Address:	
Address:		
If someone other than a Parent or Guardian (i.e. a nanny) will be picking your child up from camp on a regular basis, please indicate their name and relationship in this box.		
Allergies, medications or any other needs that require special attention:		

Emergency Contact Information

Emergency Contact #1 Name:	Relationship:
Cell Phone:	Home Phone:
Address:	

Emergency Contact #2 Name:	Relationship:
Cell Phone:	Home Phone:
Address:	

Please indicate which weeks your child will be attending by marking the box next to the selected week(s) with an "x". Cost is \$300.00/week for each child.

Week	Mark with "x"
July 21-24: Founding Fathers: John Jay's friends and the forming of a nation	<input type="checkbox"/>
July 28-31: Time Travelers: Jump back through time with generations of the Jay family	<input type="checkbox"/>
August 4-7: Radical Revolution: The complete revolutionary experience	<input type="checkbox"/>
# of weeks _____ x \$300.00 =	
Subtract 15% discount for members of the Friends of John Jay Homestead	
Total cost:	

Please Read and Sign

- By signing this registration, I agree to indemnify, defend, save and hold harmless the New York State Office of Parks, Recreation and Historic Preservation, and the State of New York, their officers, agents and employees, and the Friends of John Jay Homestead from any and all claims, suits, losses, or injury to any person, of whatever kind and nature, whether direct or indirect, arising out of the operation of this agreement.
- In the case of medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the History Camp staff and volunteers to call emergency medical personnel to administer aid and transport my child to a hospital or health care facility where he/she would receive further medical attention. I am aware that I am giving permission for the emergency personnel and physicians to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.
- I agree to deliver my child to the instructor no earlier than 10 minutes prior to the start of Camp and to pick up my child no later than 10 minutes after Camp ends.

I further agree that, with this signature, I give permission for my child _____ to attend John Jay Homestead's Summer History Camp, 2008 on the dates selected.

Name of Parent or Legal Guardian (Print):

Parent or Legal Guardian's Signature:

Date:

Reservations are made on a first come, first serve basis. The first 25 reservation forms and payments received will reserve a spot in our history camp. All others will be placed on a waiting list. All applicants will be notified to confirm their reservation or, if spaces are filled, their status on the waiting list. We look forward to seeing you this summer!

Camp fee covers all materials and snacks. Please bring a bag lunch. You will receive a confirmation letter with additional information.

If there are any questions, please call 914.232.5651 x101

Please mail this form, along with a tuition check (payable to *Friends of John Jay Homestead*) and completed medical forms to:

Bethany White, Education Coordinator
John Jay Homestead State Historic Site
P.O. Box 832
Katonah, NY 10536

Please note: Registrations are refundable 14 days prior to each session. Anytime after, a fee of 50% will be deducted from your refund. NO refunds will be granted once camp has begun.