

# John Jay Homestead's History Adventure Days 2011 Registration Form

## Child's Information

Name:		Grade Entering:	
Date of Birth:		Age:	Sex:
Name of Parent or Guardian:		Contact #:	
Alternate #:	E-mail Address:		
Address:			
If someone other than a parent will be picking up your child, please indicate that person's name and relationship to the child (i.e. nanny or grandparent):			

## Emergency Contact Information (other than parent listed above)

Emergency Contact #1 Name:		Relationship:	
Contact #:	Alternate #:		

Emergency Contact #2 Name:		Relationship:	
Contact #:	Alternate #:		

Please indicate which weeks your child will be attending by marking the box next to the selected week(s) with an "x." Cost is \$250/week for each child.

Week	Mark with "x"
July 25-29: Exploring the Unknown: Lewis & Clark and the Corps of Discovery	
August 1-5: Broad Stripes and Bright Stars: The War of 1812	
August 8-12: Seeing is Believing: Uncovering the Cabinet of Curiosity	
# of weeks----- x \$250	
Subtract 10% discount for Members of the Friends of John Jay Homestead	
Subtract 10% discount for early registration (paid and received by 4/30)	
Total Amount Enclosed	

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 Adventure Days 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 at 9:00am, and to pick up my child at 3:00pm.
- I understand that unsupervised children will not be allowed on the camp property prior to 9:00am. There is no early drop off.

I further agree that, with this signature, I give permission for my child \_\_\_\_\_ to attend John Jay Homestead's History Adventure Days on the dates selected.

Parent or Legal Guardian 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 History Adventure Days. All others will be placed on a waiting list. We look forward to seeing you this summer!

Fees covers all materials. Please bring a bag lunch and snack. You will receive a confirmation letter with additional information three weeks prior to the start of camp.

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 the session has begun.