

BOWDOIN SUMMER DAY CAMP 2018 REGISTRATION FORM

EACH CHILD MUST HAVE A SEPARATE

- 1.) REGISTRATION FORM
- 2.) INFORMATION STATEMENT
- 3.) RELEASE AND INDEMNITY AGREEMENT

PARTICIPANT'S NAME: _____

The cost of camp is \$200.00 per week, per camper.

A non-refundable \$100.00 deposit per week is required to hold a place for each camper. Please note: we do not send confirmations. ***The deposit will not be refunded (unless a week is already full), so do not send an application unless you are certain you wish to reserve a space.*** The remaining balance is required on or before the first morning of each session. You may also pay the entire fee at the time of registration. *NOTE: Campers entering 10th or 11th grade may attend for half price.*

PLEASE CIRCLE THE WEEK(S) YOU WISH YOUR CHILD TO ATTEND CAMP:

July 2-6

July 9-13

July 16-20

July 23-27

July 30-August 3

\$100.00 DEPOSIT x NUMBER OF WEEKS = \$ _____

All registrations received by May 11th will be accepted. Some weeks fill up in May, so the 11th serves not as a deadline, but a date of guarantee. Children who apply for weeks that are full after May 11th will be placed on waiting lists. Return this form, the information statement, the release, and a check, payable to Bowdoin College for \$100.00 x number of weeks circled to:

**BOWDOIN COLLEGE DAY CAMP
3275 COLLEGE STATION
BRUNSWICK, ME 04011**

If your last name differs from that of your child, please write the child's name on the check.

For questions regarding registration, please contact the Office of Events and Summer Programs at 207-725-3433 or summerprograms@bowdoin.edu. For all other questions and/or information, please contact Peter Slovenski at pslovens@bowdoin.edu.

BOWDOIN SUMMER DAY CAMP INFORMATION STATEMENT

Participant's Name _____ Age _____ Grade Next Year _____
Address _____

Parent/Guardian _____
Primary Phone _____ Alternate Phone _____
Email Address _____

Parent/Guardian _____
Primary Phone _____ Alternate Phone _____
Email Address _____

If we cannot reach you in an emergency, who should we call?
Name, Address & Phone

Relationship _____

Please list any medical issues (including allergies and prescriptions) or special needs (attach additional notes if necessary).

Insurance is required to attend the Bowdoin College Summer Day Camp. By signing the Assumption of Risk Statement and Indemnification/Release Agreement, you are confirming that the participant is actively enrolled in an insurance program.

Your child will be allowed to leave camp only with the person(s) listed below. **There will be no exceptions.** No child will be permitted to leave camp unsupervised without written permission. Any changes must be documented in a note signed by you and given to the Administrator on that particular day.

Name and phone number of person(s) permitted to pick up your child:

If your child will be walking or biking, please sign your permission, and acceptance of your responsibility for his/her safe arrival and departure (no skateboards on campus). Please indicate the expected arrival and departure time. We will not allow these attendees to come and go as they please.

Arrival Time

Departure Time

Parent's/Guardian's Signature

Parent's/Guardian's Signature

BOWDOIN SUMMER DAY CAMP RELEASE AND INDEMNITY AGREEMENT

Participant's Name _____

In consideration of Bowdoin College (the "College") accepting the Participant into the Bowdoin College Day Camp Summer Program ("the Summer Program"), the undersigned agrees as follows:

1. The undersigned understands that the Participant's involvement in the Summer Program at the College poses risks of personal injury, loss or damage to property, or loss of life. The undersigned knowingly assumes any and all risks connected with Participant's involvement in the Summer Program and hereby waives any right to make any claim against the College, its officers, employees, Trustees, or agents.

2. The undersigned, on behalf of himself/herself and the Participant, hereby releases the College, its employees, and agents from any claim. The undersigned further agrees to indemnify and hold harmless the College, its officers, employees, Trustees, or agents from any such claim.

3. This indemnity, waiver and release includes, without limitation, any claim arising out of negligence or alleged negligence on the part of the College, its officers, employees, Trustees, or agents.

4. For purposes of this Agreement, the term "claim" means any claim, cause of action, damage or liability, specifically including attorney's fees, relating to or in connection with the Participant's involvement in the Summer Program.

5. This Agreement shall be governed by Maine law and shall be binding on the heirs, personal representatives and assigns of the undersigned. If any part of this Agreement is found to be unenforceable by a court or other body having jurisdiction, the provisions shall be altered and not eliminated as may be considered reasonable, and as amended shall be enforced.

6. As a condition of, and in consideration of, the acceptance of this application, therefore, the undersigned parent/guardian consents to have administrators of the Summer Program act in his/her behalf should an emergency arise, and hereby grants permission to said administrators to authorize medical attention and treatment. The consenting guardian or parent understands that any medical treatment is not payable by the College.

7. The undersigned understands that it is a requirement of the Summer Program that all Participants be covered by health insurance.

THIS IS AN INDEMNITY AND RELEASE AGREEMENT

READ AND UNDERSTAND IT BEFORE SIGNING

Date _____

Parent's/Guardian's Signature

Parent's/Guardian's Signature