

Old Westbury Gardens

2019 Summer Camp Registration (Form must be completed in full – one per child)

Parent/Guardian name(s): _____

Address: _____
Street City State Zip

Day phone: _____ Cell Phone: _____ E-mail: _____

Child's name: _____ Nickname: _____

Gender: M F Age at start of camp: _____ Date of birth: _____ Entering Grade in 9/19: _____

Please check Camp Session(s):

___ Fresh Takes Art Camp July 8-12, 9AM- 12PM, \$165 member; \$185 non-member

___ Land Lovers Science Camp July 15-19, 9AM- 12PM, \$165 member; \$185 non-member

___ Fresh Takes- Take 2! Art Camp July 22-26, 9AM- 12PM, \$165 member; \$185 non-member

___ Art² Art Camp July 29- Aug 2, 9AM- 12PM, \$165 member; \$185 non-member

___ Changemakers Future Museum Pros Camp Aug 5- Aug 9, 9AM- 12PM, \$165 member; \$185 non-member

___ Check here if you are an Old Westbury Gardens member. (For membership information call, 516.333.0048, x308 or visit oldwestburgardens.org). Memberships may be purchased online or over the telephone.

___ Check here for Sibling Rate: 10% discount for each additional household family member who registers.

Registrants who sign up for two or more weeks receive a 10% discount on the second and/or additional weeks.

Complete this Summer Camp Registration Form and return it with payment to:

Lisa Reichenberger

Old Westbury Gardens, PO Box 430, Old Westbury, NY 11568

reichenberger@oldwestburgardens.org

fax 516.333.6807

Method of Payment:

___ Enclosed is my check for \$_____ payable to Old Westbury Gardens for the above listed session/ sessions.

___ Please charge \$_____ to Account Number _____ Exp. Date _____

Security Code _____ (3- digit number on back of Discover, Master Card, or Visa card, or 4-digit code on front of AMEX card).

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Camper Information Form 2019

(Form must be completed in full – one form per child)

Camper name: _____ Date of birth: _____ Entering grade in 9/19 _____

Pick-up Authorization (Please list all of the people who are authorized to pick-up your child from camp, including parents):

Parent's cell phone _____ Business phone _____

Emergency Contacts (please provide us with at least three people to contact in case of an emergency):

<i>Name</i>	<i>Relationship</i>	<i>Daytime Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History and Information

Camper's Primary Physician: _____ Phone: _____

Allergies: Please list any medication, food, or environmental allergies your child has:

Health Issues: Please list any pertinent information for any health problems your child has including physical, psychiatric, or behavior problems:

Medications: Please list any medication your child is taking even if it is only administered at home (including dose, reason for taking the medication, and possible side effects):

Will your child be taking medication at camp? Yes No (If yes, you will be sent a Medication Form to be completed by a physician.)

Emergency Medications: Please list any emergency medications (Epi-pen, inhaler, etc.) that your child will need to have at camp:

The following topical medication(s) below may be administered to my child:

- Calamine Lotion/Anti-Itch Medication
- Neosporin/Antibiotic ointment
- Suntan Lotion
- DO NOT ADMINISTER ANY OF THE ABOVE

Parental Consent

Old Westbury Gardens has my consent for my child to take part in all programs. I release Old Westbury Gardens and its personnel of any liability related to the administration of the over-the-counter medication listed above, if selected. I hereby authorize the Summer Camp staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Old Westbury Gardens from any and all liability for any injuries or illnesses incurred while my child is at camp. Old Westbury Gardens also has my permission to secure treatment by a local doctor or area hospital in the event of a medical emergency.

I understand Old Westbury Gardens reserves the right to dismiss any camper whose conduct is detrimental to the Camps. No refund will be issued in such an event. No refund will be issued for withdrawal or absence due to illness or family vacation.

As parent or guardian of the above named camper, I give my permission for him/her to be photographed while participating in Old Westbury Gardens Summer Camps. I understand the images may be used for publicity purposes.

Yes No

I have read and understand the registration and information forms, and agree to the conditions stated therein.

Name (please print): _____

Signature: _____ Date: _____

Relationship to camper (parent/guardian): _____