



Alumni Weekend Registration Form

Adult Registration

\$95 per person

Return to:
Cornell Cooperative Extension Nassau County
5 Old Jericho Turnpike, Jericho, NY 11753

Adult Registration: _____
Last Name First Name

Address: _____
Street Address Town State Zip

_____ Phone _____ Email Address _____ Years attended DPF

Shirt Size: Circle One: Small Medium Large X- Large XX- Large

Additional Family members attending: (Please fill our additional registration form per adult and child)

Additional Adults attending: _____
Last Name First Name

Additional Adults attending: _____
Last Name First Name

An Additional Child Registration form is required for all children.

Minors attending: _____
Last Name First Name

Minors attending: _____
Last Name First Name

Minors attending: _____
Last Name First Name

Bunk with request: _____

Payments may be made via check or credit card:
Please make checks out to Cornell Cooperative Extension Nassau County

Credit Card Payments:

Name of Card: _____

Security Code: _____

Card Number: _____

Circle One:

Billing Zip Code: _____

VISA Master Discover American Express

By registering agree to the following:

- All participants attending the Alumni weekend must be registered. Children under the age of 12 are free to attend.
- All minors under the age of 18 must be supervised by a parent or guardian. Cornell Cooperative Extension of Nassau County and the Dorothy P Flint Nassau County 4H Camp will not be providing supervision of minors for this event.
- Checks must be made payable to Cornell Cooperative Extension Nassau County. There will be a \$50 charge on all returned or stopped checks. Credit Card Payments will be processed upon receipt of application.
- Cancellation Policy: There will be no refunds for the alumni weekend. Please know that all registration fees are considered a taxable donation.
- Bunk assignments will be made by Cornell Cooperative Extension Staff. When possible we try to assign single families to cabins. When not possible all attempts will be made to assign families with similar age children to shared bunks. Bunk requests can be made on the front of this form but not guaranteed.
- No outside food or beverage permitted. Camp will have vegan and vegetarian food options available. Should you have a medical need please contact the camp office at 516 433-7970 x11 to discuss options.
- Photo Release: Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my or my child’s photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.
- Emergency Treatment: I hereby give permission to the camp for all applications listed on this application to provide and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named on this application.
- I, the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Nassau County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers. I am in good health and I am at or above the minimum age of eighteen (18) required to participate in this activity and I am able to participate in any strenuous physical activity associated therewith. I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of the sponsoring County Association, the choice of which shall be at the sole discretion of CCE. I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT ALL THE RISKS INVOLVED.

Signature

Date

Fee Calculations

Number of participates over the age of 12	_____	x \$95 = \$	_____
Number of participates under the age of 12	_____	x \$00 = \$	0
Additional donation to camp		\$	_____

Total Due

\$ _____