



**Alumni Weekend  
Child Registration Form**

**\*Must be accompanied by a legal parent or guardian attending the event.**

**\$95 per person over the age of 12  
Participants under the age of 12 Free**

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

**Child Participant:** \_\_\_\_\_

Last Name

First Name

Address: \_\_\_\_\_

Street Address

Town

State

Zip

Phone

Email Address

Years attended DPF

Shirt Size: Circle One:

Youth Small

Youth Large

**Bunk with request:** \_\_\_\_\_

**Parent / Guardian must be the legal parent or Guardian that will be present at the Alumni weekend event.**

**Parent / Guardian:** \_\_\_\_\_

Last Name

First Name

Address: \_\_\_\_\_

Street Address

Town

State

Zip

Phone

Email Address

Alternate Phone

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 Transportation:** Do hereby authorize, licensed representatives of Cornell Cooperative Extension and Cornell University to provide transportation in an authorized vehicle for my child in the event of a weather, evacuation or medical emergency.
- **Emergency Treatment:** I hereby give permission to the camp 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.
- **Acknowledgement of Risk:** I hereby apply for my child to participate this special event conducted by Cornell Cooperative Extension Nassau County and acknowledge as follows:  
I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in camp and its programs and activities and my child's use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept and agree to these risks and dangers. My child is in good health and is able to participate in camp and all camp activities and he/she is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all camp materials describing the various activities and programs conducted by the camp. I HAVE READ THE ABOVE AND BY SIGNING I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN CAMP AND ALL ACTIVITIES AND PROGRAMS OF THE CAMP AND I UNDERSTAND AND FULLY ACCEPT THE RISKS INVOLVED. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participating in DPF 4-H Camp activities shall be venued in the Supreme Court of the State of New York, Suffolk County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To register additional family members  
please complete separate applications per person.**

**This application is part of a family enrollment for alumni weekend. This  
represents \_\_\_\_\_ of \_\_\_\_\_ participants.**

**Fee Calculations**

Number of participates over the age of 12	_____	x \$95 = \$	_____
Number of participates under the age of 12	_____	x \$00 = \$	0
<b>Additional donation to camp</b>		\$	_____
<b><u>Total Due</u></b>		\$	_____