



HUYCK PRESERVE AND BIOLOGICAL RESEARCH STATION

Dear Caregiver,

Below you will find the Registration, Health Insurance, Liability Waiver, Medical Consent, and COVID-19 Protocol agreement for the Huyck Preserve's Summer Education Programs.

Parents/Guardians, please complete and sign where indicated. Additionally, please provide a copy of your health insurance card (front and back).

A registration form should be completed for each student registering for any of our summer education programs.

If you have any questions about summer education programs at the Huyck Preserve or the registration process, please do not hesitate to contact us by email (education@huyckpreserve.org) or phone (518-797-3440).

Complete registration forms can be submitted by either:

- A. Email to: education@huyckpreserve.org
- B. U.S. mail to: Huyck Preserve and Biological Research Station
PO Box 189, Rensselaerville, NY 12147
- C. In person at: Huyck Preserve Visitors' Center
5052 Delaware Turnpike, Rensselaerville, NY 12147

Huyck Preserve Summer Education Programs Registration Form

Student Information (Please fill out a registration form for EACH student):

Name _____

Birth Date _____

Grade Entering in September _____

Program:

Forest Ecology Research Experience

Stewardship Internship

Parent/Guardian Information:

Parent/Guardian 1

Name _____

Email _____

Home Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Relationship to Applicant _____

Parent/Guardian 2

Name _____

Email _____

Home Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Relationship to Applicant _____

Persons authorized to pick up student (other than Parent/Guardians listed above):

Please note, students *will not* be released to an unauthorized person.

**Huyck Preserve Summer Education Programs
Student Health Insurance Form**

Name of Student Applicant

Primary Care Physician

Name _____

Phone _____

Health Insurance Policy Information

Is your student covered by the listed insurance plan? _____

Policy Holder's Name _____ Relationship to student _____

Policy Holder's Employer _____

Employer's Address _____

Health Insurance Provider _____

Policy Number _____

***Please be sure to include of copy of your health insurance card (front and back)
with these forms.***

Special Requirements. Are there any restrictions or considerations should be aware of to ensure your student's fullest enjoyment in the program? Please describe them, including any special accommodations necessary. Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition. Please feel free to include any additional information on a separate sheet of paper.

I do hereby confirm that all of the above information is correct.

Parent/Guardian Signature

Date

Liability Waiver

I hereby give permission for my student's participation in any and all activities associated with the summer education program for which I am registering my student. I acknowledge that there are known-inherent and unforeseeable risks in these activities. The known-inherent risks of activities my student will participate in are: dangers associated with interaction with nature, natural forces, use of research and/or stewardship hand tools, swimming and other strenuous outdoor activities, and the possible loss of personal property and injury due to personal actions. I do hereby waive, release, and absolve the Edmund Niles Huyck Preserve, Inc., its past, present, and future directors, officers, employees, and agents (whether acting as agents for the Huyck Preserve or in their individual capacities) from any and all claims arising out of injury or other harm to my student during their participation in summer education programs at the Huyck Preserve and further agree to indemnify and hold harmless the Edmund Niles Huyck Preserve, Inc., its past, present, and future directors, officers, employees, and agents from any claims, actions, expenses, or other damages arising out of that participation as well as arising out of any actions of my student.

Consent for Medical Treatment in Case of Emergency

I hereby consent and authorize Huyck Preserve staff to seek medical treatment for my student as they see necessary. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide Huyck Preserve staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to my student. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, Huyck Preserve staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that Huyck Preserve staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

COVID-19 Protocols

- The Huyck Preserve will require parents/guardians to complete a daily online health screening for their student before coming to education programs each day that programs are held. Students exhibiting symptoms, testing positive for COVID-19, or exposed to COVID-19 may not attend the program. For paid classes, refunds for missed classes will not be issued.
- Students will be expected to wear a cloth or disposable face mask properly covering both nose and mouth at all times except when social distancing is possible.

I acknowledge and agree that my child and I will comply with the stated procedures for the education program at the Edmund Niles Huyck Preserve in 2021. I understand that full compliance of procedures is required for my child to participate in the 2021 education program, and failure to comply with the procedures will result in expulsion from the program with no

refund of payment. I also understand that these protocols may be adjusted, for example, in response to changed New York State or CDC regulations and guidelines, and I will be notified by the Huyck Preserve if such changes occur.

Photo Release

I give permission to the Edmund Niles Huyck Preserve, Inc. to use my student's photo in publications, on its website, or other presentations to the general public.

Yes

No

My signature acknowledges that the information provided above is correct and that I have read and agree with the above statements.

Parent/Guardian Signature

Date