



HUYCK PRESERVE
AND BIOLOGICAL RESEARCH STATION

Swimming Lessons Registration Form
Meeting @ Lake Myosotis Beach
10:30am-12:00pm Monday, Wednesday, and Friday
Session I: July 8 - 19, 2019
Session II: July 22 – August 2, 2019
\$25 members/\$35 non-members

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

Name _____

Birth Date _____ Male Female

Grade Entering September 2019 _____

Program: Session I (July 8 - 19) Session II (July 22 – August 2)

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.

Primary Care Physician Information

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 include of copy of your health insurance card (front and back) with these forms.

Health Information

Allergies

Please list any allergies to food, medications, the environment, or any others, and the symptoms expressed.

Medication

Will the student be taking any daily medications while attending camp?

If yes, please list: The name of the medication, the date started, reason for taking it, when it is given, amount or dose given, how it is taken.

Special Needs

Are there any physical, mental, psychological, behavioral, or dietary conditions requiring special restrictions or considerations which we should be aware to ensure your student's fullest enjoyment of swimming lessons?

Please describe, 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.

Swimming Ability

Please describe your child's current swimming ability:

Liability Waiver

I hereby give permission for my student's participation in Swimming Lessons at the Huyck Preserve. I acknowledge that there are known-inherent and unforeseeable risks in these activities. I understand that there are known-inherent risks associated with swimming 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 Swimming Lessons 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 the staff of the Huyck Preserve 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.

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

Please remit completed registration forms and payment to:

E.N. Huyck Preserve
P.O. Box 189
Rensselaerville, NY 12147