

HOW TO REGISTER YOUR CHILD:

The *Summer Adventure Program* requires pre-registration to participate. Registrations will be accepted either in person or by mail. Fees must be paid at the time of registration. Payment may be made by cash (in person), check, VISA, Discover, or Master Card. Please make checks payable to "The Bridge Family Center." If you have any questions about registration, please contact The Bridge at 521.8035.

PROGRAM COST:

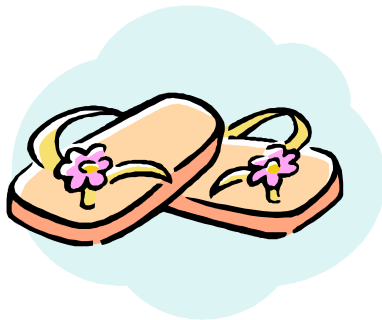
The cost for a one-week session is \$250 and includes program supplies, fees, and transportation for five days.

CANCELLATION/REFUNDS:

Cancellation and refund requests must be submitted in writing to The Bridge Family Center seven days before the program begins. No refunds will be given after the program begins.

SUMMER ADVENTURE PROGRAM STAFF:

Summer Adventure Program staff consists of Counselors who work extensively with children throughout the year. They are masters level counselors and trained ropes course facilitators. All are CPR certified and possess a Connecticut public service license. All Bridge staff goes through drug testing and a criminal background check prior to employment.



PLEASE COMPLETE THE FOLLOWING AND MAIL TO:

**The Bridge Family Center, 1022 Farmington Avenue
West Hartford, CT 06107**

Participant Name _____ D.O.B. _____

Gender ____ Race/Ethnicity (for statistics) _____

School _____ Grade as of Sept. 2008 ____

Tee-shirt Size: __Adult Large __Adult Medium __Adult Small

Family Constellation (for statistical purposes)

- Two birth/adoptive parents Relative/Guardian
- Step and birth parent DCF Guardianship
- Single parent (female) Foster parent(s)
- Single parent (male) On own
- Grandparents

Guardian #1 Name _____

Address _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Guardian #2 Name _____

Address _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

- Session 1 – July 7-10, 2008 @ \$250 _____
- Session 2 – July 21-25, 2008 @ \$250 _____
- Session 3 – August 4-8, 2008 @ \$250 _____
- Session 4 – August 18-22, 2008 @ \$250 _____

Payment Type: Cash ____ Check ____
Master Card ____ VISA ____ Discover Card ____

Card #: _____ Expires: _____

PARENT/GUARDIAN UNDERSTANDING (Please initial each item you approve.):

_____ I hereby authorize Bridge personnel to provide **transportation** for my child to and from program activities. I understand that if I do not wish for my child to attend specific program activities, I will need to make other arrangements for my child that day.

_____ I will allow The Bridge Family Center to use my child's picture in **Bridge publicity** and will also allow my child to participate, when possible, in media promotion for The Bridge Family Center.

_____ I agree to attend a **one-hour Parent/Youth Orientation Session** with my child prior to the program to meet program staff and learn program expectations. The session will be held at St. James's Church next door to The Bridge on **Wednesday, June 25th from 6:00 to 7:00 p.m.**

_____ I understand that if my child is **dismissed from the program** for behavioral reasons, I will be responsible for picking him/her up immediately. I also understand that I will not receive a refund.

_____ I understand that Bridge staff is **mandated by law** to report any suspected abuse and/or neglect to the Department of Children and Families.

_____ I will allow my child to watch PG-13 **movies**.

PARENT/GUARDIAN RELEASE (Unless otherwise informed, we will assume both guardians listed on the registration form may pick up your child.):

The following people have permission to pick up my child from the **Summer Adventure Program**. No one other than the people listed below is allowed to pick up my child. I understand that a written note of permission from me is required when someone other than myself or the people listed here is needed to pick up my child.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

EMERGENCY CONTACTS (Person called if unable to contact parent/guardian.):

I understand that if I am unavailable, the following people will be called. These people are authorized to pick up and assume responsibility for my child.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PARTICIPANT AGREEMENT:

I agree to participate in program activities and cooperate fully with the staff members who are responsible for my health and safety while I am in the **Summer Adventure Program**. I further agree that I will respect all other participants and all program-related property. I understand that I may be sent home from the program and not allowed back this year or following years if I don't follow the rules.

_____ PARTICIPANT Signature

_____ Date

DROP-OFF & PICK-UP PROCEDURES:

Staff will be available to greet participants each morning in the back of The Bridge. The only people your child will be released to are those listed on the Parent/Guardian Release form. If someone other than those listed on the form will be picking up your child, please give The Bridge prior written notice. Parents are required to call if they or their child will be late. **We will not accept a child after 9:30 a.m. unless prior arrangements have been made.**

PROMPT DROP-OFFS & PICK-UPS:

There will be no supervision of children until 8:30 a.m. to enable staff to prepare for the day. Please pick up your child promptly at 4:00 p.m. each day unless prior arrangements have been made.

WALKING HOME:

If your child will be walking to or from the program, you must notify staff in writing prior to the start of the program session.

ATTIRE / LUNCH:

Participants should dress in comfortable clothes and sneakers. They should bring a sandwich, snack, and beverages (including water) with them each day, even on field trip days. As there is no microwave available, please do not send microwaveable foods. **Please pack lunches in an insulated lunch bag with an ice-pack.**

LOST OR STOLEN ITEMS:

The Bridge is not responsible for lost or stolen items.

ADDITIONAL INFORMATION:

Have any situations occurred over the past year that has impacted your child (i.e., serious illness; death in family; etc.)? Y N

Has your child been in another Bridge program? Y N

If yes, please list _____

ADMINISTERING MEDICATION:

Bridge staff will **not** administer any medication. Medication must be administered by the participant’s parent/guardian. Parents should not send sick or infectious children to the program.

PARTICIPANT HEALTH INFORMATION:

Are you currently taking medication (prescribed or otherwise; e.g. cold medicine)?

Y N If yes, state what you are taking, and for what condition:

Do you have any allergies, reactions to medications, and/or any other medical limitations?

Y N If yes, please identify and explain: _____

Are you allergic to bee stings? Y N

If yes, will you bring an EpiPen or your own meds.? Y N

RELEASE OF LIABILITY AGREEMENT:

I, the undersigned, do for myself, my spouse and my child or ward release The Bridge Family Center, Town of West Hartford and West Hartford Board of *Summer Adventure Program* Education, their staff members, employees, sponsors, contractors, volunteers, Boards, Trustees and Corporators (collectively herein referred to as “*Summer Adventure Program*”) from all liability for any injury to me or my child or ward from participation in activities as indicated in this release.

I. Assumption of Risk

I am aware that the *Summer Adventure Program* involves a variety of activities that often include warm-ups, games, group initiative challenges, high and low challenge ropes course elements, and other rigorous physical outdoor adventure activities which are hazardous and high risk activities which may require strenuous exercise and activity. I am aware that participating in these events may pose such dangers as insect bites and stings, falls, collisions with other participants and stationary objects, aggression from other participants all whether due to the negligence of the *Summer Adventure Program* or otherwise, and subsequent injury or death may occur.

Understanding the risks and dangers of participating in these programs, I represent to the best of my knowledge that I or my child or ward has no medical, physical and/or emotional health condition which would hinder or prevent my or his or her active participation in the *Summer Adventure Program* in any way whatsoever.

I represent that I or my child or ward has medical approval to undertake all the physical activity that may be encountered in the *Summer Adventure Program* and that he or she has no physical condition that would be aggravated by his or her involvement in the activities conducted by the *Summer Adventure Program*.

Therefore, I assume full responsibility for my or my child’s or ward’s participation in the *Summer Adventure Program*. I voluntarily and freely choose to assume all such risks and dangers,

including the risk of injury or death that may be associated with, or result from, my or my child's or ward's participation in these activities, including the use of the equipment or any facility, the activity itself, the acts of others or the unavailability of emergency care, even if caused by the *Summer Adventure Program*.

2. Release from Liability and Covenant Not to Sue

In consideration for allowing me or my child or ward to participate in the *Summer Adventure Program*, I covenant not to sue and agree to hereby fully and forever discharge and release the *Summer Adventure Program*, from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of any damages, costs, loss of services, expenses and any and all claims whatsoever, whether caused by their negligence or for any other reason, on account of, or in any way resulting from personal injuries, conscious suffering or death to me or my child or ward, in any way connected with my or his or her preparation or practice or participation in *Summer Adventure Program* activities. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Connecticut.

3. Other Provisions

I further authorize emergency medical treatment for me or my child/ward should the need arise for such treatment while my child/ward is under the supervision of the *Summer Adventure Program*. In case of sickness, accident or injury, the *Summer Adventure Program* has my express permission to secure, at my expense, such medical treatment as is deemed necessary in the discretion of the *Summer Adventure Program*.

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION.

Name of Participant

Participant's Signature

Date

I am the parent or guardian of a minor and represent to the *Summer Adventure Program* and The Bridge Family Center, that the facts herein concerning my child or ward are true.

Parent or Guardian's Signature (if under 18 years old)

Date

Family Medical Insurance Company Name:

Insurance Group or ID # _____

SEE YOU THIS SUMMER!

