

## 2019 OPERATION: COLONIAL SURVIVOR

Program Dates: Monday, April 22 through Friday, April 26, 9:00am to 2:30 pm

### YOUTH REGISTRATION

To register your child(ren) for Operation: Colonial Survivor, please print and complete the registration form, audio/visual release, and medical history form and send documents, along with payment, to: Reservations, 639 Bedford Road, Pocantico Hills, NY 10591. You may also scan the completed form and e-mail it to [info@hudsonvalley.org](mailto:info@hudsonvalley.org).

For more information, please visit [www.HudsonValley.org](http://www.HudsonValley.org), call (914) 631-3992 x3212, or email [info@hudsonvalley.org](mailto:info@hudsonvalley.org).

First Youth \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Nickname  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies or medical concerns? Please see p. 3.  
Month Day Year

Additional Youth \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Nickname  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies or medical concerns? Please see p. 3.  
Month Day Year

Additional Youth \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Nickname  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies or medical concerns? Please see p. 3.  
Month Day Year

Parent/Guardian \_\_\_\_\_

E-mail \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_

Emergency contact(s) (other than listed above)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Primary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Primary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Permission to Release

Please note that at the conclusion of Operation: Colonial Survivor, youth must be picked up by a parent or authorized guardian no later than 15 minutes after the end of the program. For safety reasons, Historic Hudson Valley staff may require a photo ID for any person picking up a participant.

As parent or guardian for this youth, I give permission for the following adult(s), other than myself, to pick up my youth in the case of emergency:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Is there an individual who should NOT be allowed to pick up the youth?

\_\_\_\_\_

Authorization

I would like to register my child for Historic Hudson Valley’s program OPERATION: COLONIAL SURVIVOR, to be held at Philipsburg Manor. I understand that much of the program will be held outdoors, rain or shine, and that I should dress my child for the weather. I understand that no refunds will be given for cancellations or if my child misses the program.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Payment Information

Registration

Number of participants \_\_\_\_\_ x \$250 regular rate = \$ \_\_\_\_\_ TOTAL DUE

Member Registration\*

Number of participants \_\_\_\_\_ x \$225 member rate = \$ \_\_\_\_\_ TOTAL DUE

\* The discounted member rate applies to:

Family Members	Up to 3 youth
Family Plus, Premier, Premier Plus, and Henry Hudson Society	Up to 5 youth
Pocantico Society	Unlimited, but please call (914) 366-6922 to register

Payment Type  Check Enclosed  Please bill my card (info below)

Please call me for credit card information

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**AUDIO/VISUAL RELEASE**

In consideration for the activities that Historic Hudson Valley (HHV) is providing for my child during OPERATION: COLONIAL SURVIVOR at Philipsburg Manor and for other good and valuable consideration, I hereby authorize and give full consent to HHV on behalf of my child(ren), \_\_\_\_\_, to publish all photographs, films, and audio-visual materials produced or authorized by HHV in which the image, voice, likeness, or name of my child(ren) appears. I further agree that HHV may use or cause to be used the above materials in any media, for any purpose relating to the promotion or marketing of HHV programs or events, without limitation or reservation or any compensation to me or my child(ren).

I release HHV, its trustees, officers, employees, agents, licensees and assigns from any and all claims in connection with the use, reproduction, distribution or exhibition of the image, voice, likeness, name, or any other identifying characteristics of my above-named child(ren), including, but not limited to, claims of right of privacy and/or publicity, false light, libel or defamation.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**MEDICAL HISTORY**

Information you share with us about your child(ren)'s medical history will assist us in best serving your child(ren). All information will be kept confidential to the HHV staff directly involved with this program.

Does your child have an existing medical condition? \_\_\_\_\_

Is your child recovering from a recent illness or injury? \_\_\_\_\_

Does your child have any physical restrictions and/or limitations? \_\_\_\_\_

Does your child have any special needs or special diet? \_\_\_\_\_

Does your child require medication during the hours of the program (9:00am–2:30pm)? If so, please describe. Please note that HHV staff are not able to administer medication of any kind. \_\_\_\_\_

Does your child have any allergies (including medications, food, insect stings, etc.)? \_\_\_\_\_

Does your child have any fears/phobias of which we should be aware? \_\_\_\_\_

Is there anything else we should know about your child(ren)? \_\_\_\_\_

For further questions, please call (914) 631-3992 x3912 or e-mail [info@hudsonvalley.org](mailto:info@hudsonvalley.org).