



# "SUMMER IS COMING"

## Forms Must Be Filled Out Completely To Be Consider For Eligibility

Please select your child camp session to attend. (Please note Full Day Camp hours is 8:30am-4:30pm)

- 6-Week Option (three additional days incl) Jul 1<sup>st</sup> -Aug 16<sup>th</sup> Early \$1,800.00 /Regular \$1,950.00 \_\_\_\_\_
- 5-Week Option (Choose any 5 weeks except for week 1) Early \$ 1,550.00/Regular \$1, 625.00 \_\_\_\_\_
- 4-Week Option (choose any 4 weeks except for week 1) Early \$1,250.00/Regular \$ 1,325.00 \_\_\_\_\_
- 3-Week Option (choose any 3 weeks except for week 1) Early \$950.00/Regular \$1,025.00 \_\_\_\_\_
- 2-Week Option (Choose any 2 weeks except for week 1) Early \$670.00/Regular \$700.00 \_\_\_\_\_
- 1-Week Option (Choose any week except for week 1) Regular \$350.00 \_\_\_\_\_
- Day Option (Choose any day) \$90.00 \_\_\_\_\_ Number of Days \_\_\_\_\_

### Check for Additional Service:

- Extended hours **\$20 per day** 7:30am-8:30 am and 4:30pm-5:30pm \_\_\_\_\_ Total Days \_\_\_\_\_
- Lunch not included but can be purchase with a meal plan for **\$50 weekly** \_\_\_\_\_ **\$12 per day** \_\_\_\_\_
- Camp Shirts \$10 per. qty \_\_\_\_\_ (one shirt included with campers enrolled **4-6weeks** )  
Fee includes a 20% non-refundable registration fee.

MAKE CHECKS OR MONEY ORDER PAYABLE TO: **College of Staten Island**

**Mailing address:** College of Staten Island, 2800 Victory Boulevard, **1R-204**, Staten Island NY 10314

**AGE GROUP:**  5-6 YEAR  7-8 YEAR  9-10 YEARS  11-12 YEARS  13-14 YEARS

CHILD NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 7/1/24) \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Parent 2 Cell Phone : \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone/Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age \_\_\_\_\_ Sibling Attend Camp: Yes / No

MY CHILD HAS MEDICAL HISTORY: (Please Specify) \_\_\_\_\_

**PLEASE SPECIFY SHIRT (Youth or Adult)**  Small  Medium  Large  X Large  2 X Large



**Siblings Discount \$200 off additional child 6-Weeks option only**

**Total Amount Enclose:** \_\_\_\_\_

### How did you hear about us?

Newspaper  On-line Search  Outdoor Billboard  Flyer  Friend /Sports Agent Name \_\_\_\_\_



**PARTICIPANT RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**  
**\*\*\*READ BEFORE SIGNING\*\*\***



In consideration for receiving permission from the College of Staten Island to enter upon the premises of College of Staten Island, New York, and to use government facilities and property to participate in College of Staten Island Summer Sports Camp, the receipt of such permission being hereby acknowledged, I, the undersigned, intending to be legally bound, waive and release for myself and my child, my heirs, executors, and administrators any and all claims, demands, and any other causes of action whatsoever, that I or my child may have against the College of Staten Island, Inc., a New York not-for-profit corporation and its agents, officers, employees, representatives, successors, and assignees (collectively, the **"CSI Athletics Parties"**) and the United States Government, the College of Staten Island, and their agents, officers, employees, representatives, successors, and assignees (collectively, the **"United States Government Parties"**) arising out of my and/or my child's participation in a College of Staten Island Summer Sports Camp event (the "Event"), including, but not limited to, any and all loss, damage, death, or injuries suffered or sustained by me and/or my child, or to any property belonging to me and/or my child, whether caused the by negligence of the United States Government Parties or otherwise, while participating in, and while in, on, or upon the premises of College of Staten Island during the Event.

I hereby acknowledge that participation in the Event is entirely voluntary, and I elect participation in the Event on the described premises, gratuitously and for my sole benefit and/or the benefit of my child. In order to avail myself use of the United States Government land to participate in the Event thereon, I agree to hold the CSI Parties and the United States Government Parties harmless for any injuries or damages I or my child may sustain or cause to others by reason thereof.

I understand and acknowledge that participation in the Event and use of the United States Government premises, facilities, equipment, and services offered by participation in this Event, bear certain known risks and unanticipated risks which could result in PHYSICAL OR MENTAL INJURY, DEATH, ILLNESS, DISEASE, OR DAMAGE to myself, my child, or to property belonging to me and/or my child. I understand and acknowledge those risks may result in personal claims against the CSI Parties and the United States Government Parties or claims against me by spectators or other third parties. These risks include, but are not limited to, the following: (1) the risks involved in use of the premises, facilities, equipment, and services during the Event; (2) the acts, omissions or negligence in any degree of the CSI Parties and the United States Government Parties, or third parties; (3) latent or apparent defects or conditions in equipment, property, or the facilities used during the Event; (4) injuries arising as a result of my or my child's own physical condition, acts, or omissions; and (5) rescue, first aid, emergency treatment or services rendered or failed to be rendered by the CSI Parties and the United States Government Parties.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated, may also result in injury, death, illness, disease, or damage to myself, my child, or to property belonging to me and/or my child.

I understand and acknowledge that CSI Summer Camps Medical Staff has the right to refuse enrollment to, or to send home any camper whose medical condition(s) and/or illness: (1) is beyond the staff's capability to provide proper care; (2) poses an unreasonable threat to the health or safety of the camper, other campers or staff; or (3) requires emergency medications which the camper cannot self-administer.

I further agree to indemnify and will hold harmless the CSI Parties and the United States Government Parties from any and all costs, charges, claims, demands, and liabilities of any kind arising from my or my child's willful or negligent acts.

I understand and agree that the privileges herein afforded me and/or my child are in the nature of a privilege, and are not contractual in nature, and that such are revocable at will by the CSI, the United States Government, and the College of Staten Island.

I HAVE READ AND UNDERSTOOD THIS LIABILITY WAIVER AND RELEASE, AND I AM AWARE THAT BY SIGNING THIS LIABILITY WAIVER AND RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MEMBERS OF MY FAMILY, REPRESENTATIVES, SUCCESSORS AND ASSIGNS MAY HAVE AGAINST THE CSI PARTIES AND THE UNITED STATES GOVERNMENT PARTIES.

### **INSURANCE WAIVER**

I, authorize the agents of the above listed camp(s) to request emergency medical treatment for my dependent camper.

I understand that emergency medical treatment may be provided.

I understand that any amounts remaining unpaid after settlement of a claim will be billed to my health insurance carrier, if any, in accordance with federal and state law. If any amounts remaining unpaid after such billing occurs, I agree that the unpaid balance is my responsibility and I agree to remit the unpaid balance immediately.

I understand that I am fully responsible for payment of charges related to medical treatment provided to my dependent camper that is required for any reason other than accidental injury.

I hereby authorize the release of medical information for the purpose of the determining third party and for obtaining additional medical care as required to safeguard the health of my child.

Parent Print \_\_\_\_\_ Signature \_\_\_\_\_ . Date \_\_\_\_\_