

LERNAVAYR CAMP

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2024 CAMP DATES: July 8 - August 9
 at 2242 E. Foothill Blvd., Pasadena



Please **download** this application and **fill it** out then **return** it to the Lernavayr Camp Office
 2242 E Foothill Blvd, Pasadena CA, or Email: Lernavayr.summercamp@gmail.com

Program hours: M-F 8:00 AM to 4:00 PM.

For info: Tel: (818) 450-4103 Maria / (626) 864-8544 Sevan / (818) 522 4047 Sonig
TEXTING IS PREFERRED. Please include your and your child's name in the text.

AGE	PRICE	HOURS
3-5 year-olds	Weekly \$230/child	8am to 4pm Homemade Lunch & Snacks Included
6-13 year-olds	Weekly \$230/child	8am to 4pm Homemade Lunch & Snacks Included

REGISTRATION	1st Child	2nd Child	3rd Child	4th Child
Please select week(s) to attend	Tuition Payment \$\$	\$15 Discount for siblings		
<input type="checkbox"/> Week 1 (July 8 to July 12)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Week 2 (July 15 to July 19)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Week 3 (July 22 to July 26)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Week 4 (July 29- Aug 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Week 5 (Aug 5- Aug 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tuition Payment *Checks are payable to **Armenian Cultural Foundation***

I enclose Camp tuition of \$	Check <input type="checkbox"/> #	Cash <input type="checkbox"/>
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Discount: YES <input type="checkbox"/> NO <input type="checkbox"/>	\$15 Sibling Discount	Received BY:
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REGISTRATION FORM

CHILD INFORMATION - Please Fill out One Application Per Child

<u>First</u>		<u>Last Name</u>		<u>Middle</u>	
Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>		Birth date ____/____/____	
<u>School Name</u>				<u>Grade</u>	
<u>Address</u>			<u>Town/City</u>		<u>State</u>
<u>Zip code</u>					
<u>Child's Home Phone</u>					
<u>List of skills/talents your child has (sport/dance/drama/music, etc.)</u>					

PARENT/GUARDIAN - CONTACT INFORMATION

Parent/Guardian #1

<u>First Name</u>		<u>Last Name</u>		<u>E-Mail</u>	
<u>Address</u>			<u>Town/City</u>		<u>State</u>
<u>Zip code</u>					
<u>Cell Phone</u>		<u>Home Phone</u>		<u>Work phone</u>	

Parent/Guardian #2

<u>First Name</u>		<u>Last Name</u>		<u>E-Mail</u>	
<u>Address</u>			<u>Town/City</u>		<u>State</u>
<u>Zip code</u>					
<u>Cell Phone</u>		<u>Home Phone</u>		<u>Work phone</u>	

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

Emergency Contact #1

Relation to child:

First Name

E-Mail

Address

Town/City

State

Zip code

Cell Phone

Home Phone

Work phone

Emergency Contact #2

Relation to child:

First Name

E-Mail

Address

Town/City

State

Zip code

Cell Phone

Home Phone

Work phone

People who are permitted to pick up your child in addition to parents/guardians.

Name:

Relation to child:

Name:

Relation to child:

Name:

MEDICAL RELEASE INFORMATION, INSURANCE INFORMATION

Policy Number

Name of Health Insurance Provider

Primary Physician

Phone

Address

Town/City

State

Zip code

Hospital Preference

1-IS YOUR CHILD ALLERGIC TO ANY TYPE OF FOOD OR MEDICATION? **Yes** **No**

If yes, Explain:

2-DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS?

Injuries , Diabetes , Been hospitalized , Had surgery , Chronic illness ,

Seizures , Wheezing/shortness of breath , Asthma , Fainting/dizziness ,

Pass out/chest pain While exercises , Wear glasses/contacts , None , Other

If other, Explain:

3-IS YOUR CHILD REQUIRING ANY MAINTENANCE MEDICATION? **Yes** **No**

If yes, Please list names of the medical problems and the required medications:

Medical Problem	Required treatment	Should paramedic by called?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

4-PLEASE LIST ANY DIETARY RESTRICTION IF ANY

No restriction , Vegetarian , Vegan , Other

If other, Explain:

5-IS THERE ANY PHYSICAL ACTIVITY RESTRICTIONS FOR YOUR CHILD? **Yes** **No**

If yes, Explain:

6-Any change in your child's mood recently?

Withdrawn , Isolated , Depressed , Learning Disability , ADD or ADHD

Emotional or behavioral difficulties, Mental or emotional issues, Eating disorder

None , Other

If other, Explain:

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

7-HOW DID YOU HEAR ABOUT CAMP LERNAVAYR?

8-Any Comments/Suggestions/notes you want us to know about?

Parent/Guardian Name:

Signature: _____

Date: _____

Terms of Agreement

- I HEREBY AGREE for myself, and for my heirs, representatives, agents, and assigns (together, the “Releasing Party”), to hereby release and forever discharge the Armenian Cultural Foundation, its Lernavayr Summer Camp Program, and its employees, representatives, heirs, officers, directors, shareholders, successors, predecessors, agents, attorneys, affiliates and assigns (the “Released Parties”) from any and all liability, claims, demands, causes of action, obligations, losses, fees or expenses arising in connection with my access to and participation in the Armenian Cultural Foundation Lernavayr Camp (together, the “Released Matters”).
- Further Release. It is further understood and agreed that the foregoing constitutes a full and final release of all Released Matters which the Releasing Party may have against the Released Parties for any present or future damages, economic losses, emotional or personal injuries, mental injuries, punitive damages, or any other type of tangible or intangible injury, damage or loss which the Releasing Party may have suffered or will suffer as a result of any wrongful acts or omissions on the part of the Released Party and included in the Released Matters regardless of whether the nature or extent of such injuries, losses, or damages cannot be ascertained until some future time.
- Release Extends to Unknown Claims. It is further understood and agreed that Releasing Party does hereby waive all rights and benefits which Releasing Party now has or in the future may have with respect to the Released Matters under and by virtue of the terms of section 1542 of the Civil Code of the State of California which reads as follows: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”
- Attorneys’ Fees. Should a Releasing Party violate this General Release Agreement by instituting or prosecuting a legal action or otherwise with respect to the Released Matters, the prevailing party shall be entitled to an award of the attorneys’ fees incurred in asserting its rights under this General Release Agreement in addition to whatever other relief may be appropriate.
- Authority and Execution of General Release - The undersigned in executing this General Release hereby represents and warrants that the undersigned has full authority and legal power to represent and execute this General Release on behalf of itself and the Releasing Parties, and that such signature shall be binding thereon.
- As the exclusive means of resolving through adversarial dispute resolution any disputes arising out of this agreement a party may demand that any such dispute be resolved by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and each party hereby consents to any such disputes being so resolved. Judgment on the award rendered in any such arbitration may be entered in any court having jurisdiction.

Parent/Guardian Signature: _____ **Date:** _____

Parent Medical Acknowledgements

I acknowledge that this health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me. I give permission to the medical staff selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the medical staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this application will be shared on a "need to know" basis with camp staff. I give permission to distribute the medical information included in this application as necessary. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

As parent or legal guardian of the child registered on this application, I hereby authorize the Armenian Cultural Foundation –Lernavayr Camp and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, The Armenian Cultural Foundation –Lernavayr Camp will endeavor, but is not required, to communicate with me prior to such treatment. I further agree that the Armenian Cultural Foundation –Lernavayr Camp and its designated leaders and directors are not legally or financially liable for any claims arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the Armenian Cultural Foundation – Lernavayr Camp in conjunction with any authorized event.

I AGREE TO REIMBURSE THE CAMP COMMITTEE FOR ALL CHARGES INCURRED BY MY CHILD DUE TO ILLNESS OR INJURY.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Medical Care Authorization

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature _____ **Date:** _____

I understand that the Armenian Cultural Foundation or Camp Lernavayr will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature _____ **Date:** _____

Picture Policy

I give permission to the Camp Lernavayr Summer Camp Program to publish any or all pictures and videos of my child, _____, taken during the duration and conducting of this program.

Parent/Guardian Signature: _____ **Date:** _____

Transportation Liability

I understand that my child, _____, will be transported at times in the Camp Lernavayr summer program for field trips and other special circumstances. While en-route, the child will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the child. I will not hold the driver, Camp Lernavayr summer program staff, volunteers responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

Parent/Guardian Signature: _____ **Date:** _____

Privacy policy

Lernavayr Camp, respects the privacy of all those individuals who may complete our forms. This includes our campers and school year program participants and their families, educational partners, prospective employees, donors, as well as any others who are interested in learning about our programs. We do not knowingly collect or use information from children under the age of 13 without consent from a parent or guardian. By registering you will constitute your acceptance of this policy.

Information You Give Us When Registering.

If you register your child or children for Lernavayr Camp, we collect your name, postal address, email address, phone number; information regarding your children's birthdate, school and health information, and other information you directly give us.

Your information, whether public or private, will not be sold, exchanged, transferred, or given to any other company for any reason whatsoever, without your consent.

If there are any questions regarding this privacy policy, you may contact us at Lernavayr.summercamp@gmail.com