

The Journey

Olana State Historic Site

Please enroll the following children in *The Journey: 2009*

1. Child's Name: _____ Entering Grade: _____

Parent or Guardian: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Session 1: 7/13 - 7/17 _____ Session 2: 8/3 - 8/7 _____

2. Child's Name: _____ Entering Grade: _____

Parent or Guardian: _____

Address: _____ Parent's Daytime Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Session: 7/13 - 7/17 _____ Session 8/3 - 8/7 _____

Fee: \$125 for The Olana Partnership members who reserve by June 1, 2009
\$165 for non-Partnership members and members who reserve after June 1, 2009

Fee is refundable until 14 days prior to the start of the session in which the traveler is enrolled.

Enclosed is a check made payable to *The Olana Partnership* in the amount of \$ _____

Please mail your check and this form to:
Cheryl O'Donnell
The Olana Partnership
PO Box 199
Hudson, New York 12534

RESERVATION DEADLINE: June 15, 2009

TRAVELER HEALTH INFORMATION

Traveler's Name: _____ Age: _____ Birth Date _____

Parent/ Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Medical Insurance Co.: _____ Identification #: _____

If not available in an emergency, contact:

Name: _____ or Name: _____

Relationship: _____ Relationship: _____

Telephone: _____ Telephone: _____

Does your child have any medical condition of which we should be aware?

Allergies

_____ Bee Stings
_____ Poison Ivy/Oak
_____ Hay Fever
_____ Drugs _____
_____ Food _____
_____ Other _____

Chronic Conditions

_____ Ear Infections
_____ Diabetes
_____ Asthma
_____ Epilepsy
_____ Heart
_____ Other _____

PLEASE SEND MEDICATION FOR ALLERGIC REACTIONS WITH CHILD TO FIRST DAY OF CAMP.

If needed, give further information

If your child's participation needs to be modified or restricted because of past illness or injury, please identify and explain:

MEDICATION

Please list any medication your child will require and send an adequate supply with him/her. (NOTE: ALL MEDICATIONS ARE TO BE SENT IN THEIR ORIGINAL CONTAINERS)

With the medication, send a note stating:

1. Reason for medication.
2. Name of medication and dosage.
3. When medication should be taken.

Medication	Amount & times to be given
_____	_____
_____	_____
_____	_____
_____	_____

May any of the following non-prescription medication be given to your child if needed?

_____ acetaminophen (Tylenol)	_____ cough drops
_____ external ointments	_____ cough lozenges
_____ antacid	_____ none of the above

Additional information, remarks or limitations:

This health information is correct as far as I know, and the person herein described has permission to engage in all prescribed programs and activities except as noted by me above.

I hereby give permission to allow a designated person to assist my child in the administration of any medication identified and noted.

Signature of Parent or Guardian

Date

I, as parent or legal guardian, authorize my child, _____
to participate in *The Journey* arts camp at Olana State Historic Site, which may
include use of equipment, use of facilities, and necessary preparatory activities.

I further release Olana State Historic Site, its employees and assigns from any and all
liability for personal injuries and/or property damage sustained by my child, or any claim
which I may have as parent/guardian, arising directly or indirectly in connection with this
program, except in the case of negligence.

In case of injury I authorize Olana/Journey Staff to take my child to a doctor or to a
hospital for treatment. This authorization and release is valid for July 13 - August 7,
2009, unless withdrawn by me in writing, which withdrawal shall be effective at the time
of the receipt by Olana State Historic Site.

Signature of Parent or Guardian

Date

New York State Office of Parks, Recreation and Historic Preservation
Taconic Region – PO Box 308, Staatsburg, NY 12580
Olana State Historic Site
5720 Route 9G, Hudson, NY 12534
(518) 828-0135

Photo Release for Children Under 18 Years of Age

I hereby grant permission to New York State, its agencies and assigns to use my dependent's photograph on their World Wide Web sites or in other official printed publications without further consideration, and I acknowledge the aforementioned reserve the right to crop or treat the photograph at their discretion. I also acknowledge that New York State, its agencies or assigns may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that if my image is posted on a website maintained by New York State, its agencies or assigns, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims New York State, its agencies and assigns.

The aforementioned reserve the right to discontinue use of photos without notice.

Dependent's Name: _____

Dependent's Address: _____

Name of Parent or Guardian: _____

Address: _____

Phone: _____

Email: _____

Usage Restrictions: _____

I certify that I am a custodial parent or legal guardian and have the aforementioned rights to assign.

Signature: _____ Date: _____