

River School

Olana's Summer Dramatic Arts Program

August 8-12, 2011

Olana State Historic Site-Wagon House Education Center

Please enroll the following children in *River School*:

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

Parent or Guardian: _____

Address: _____ Daytime Phone: _____

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

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

Parent or Guardian: _____

Address: _____ Daytime Phone: _____

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

Fee: \$125 for members of The Olana Partnership
\$165 for non-members, if you would like to become a member of the Olana Partnership, please fill out the membership registration and save \$40 on your child's registration for River School today.

*Fee is refundable until 14 days prior to the start of the session.

Enclosed is a check made payable to *The Olana Partnership* in the amount of \$_____
Please mail your check and this registration form (and membership information if applicable) to:

The Olana Partnership
Attn: Sarah Hasbrook
PO Box 199
Hudson, NY 12534

RESERVATION DEADLINE: JULY 10, 2011

HEALTH INFORMATION

Student's Name: _____ Age: _____ Date of Birth: _____

Parent or Guardian: _____

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

Telephone (home): _____ (work): _____

Medical Insurance Co.: _____ Identification #: _____

If not available in an emergency, contact:

1. Name: _____ Relationship: _____

Telephone: _____ Or _____

2. Name: _____ Relationship: _____

Telephone: _____ Or _____

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 PROGRAM.

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)
_____ external ointments
_____ antacid

_____ cough drops
_____ cough lozenges
_____ 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 *River School*, Olana's summer dramatic arts program 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/Staff to take my child to a doctor or to a hospital for
treatment. This authorization and release is valid for August 8 – 12, 2011, 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 right to assign.

Signature: _____ Date: _____