



Camp Augusta
 17530 Lake Vera Road
 Nevada City, CA 95959



Phone: (530) 265-3702

www.campaugusta.org

Fax: (530) 265-3527

2012 Outdoor Education Camper Registration Form

School/Organization bringing you to camp: _____

Camper Details

First Name: _____ Last Name: _____

Gender: Birthdate (mm/dd/yy): / /

Parent/Guardian Details

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ---- Work Phone: ----

Cell Phone: ----

Email Address: _____
(for camp-only communications)

Relationship to camper _____

Optional, for grant purposes only:

Ethnicity: _____ Income less \$20K?: Yes

2nd Parent/Guardian

First Name: _____ Last Name: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: ---- Work Phone: ----

Cell Phone: ----

Email Address: _____

Relationship to camper _____

Dates and Tuition (to be filled in by teacher)

Your child's class will be attending Camp Augusta during the following day(s): _____

Tuition for your child's program is: _____

Please consult your child's teacher regarding when tuition is due and whether your checks are written to the school or to Camp Augusta.

Please Turn Over

Kitchen considerations (only necessary if your child will be enjoying a Camp Augusta prepared meal – usually groups staying longer than one day)

Please list any dietary needs (allergies, vegetarianism, gluten free, lactose intolerance, etc.) relating to your child:

Before sending your child to camp, please read the parent/student information package with your child. It contains valuable information about what you can expect at camp.

I _____ have read the parent/student information package and have shared the appropriate information with my child. I understand and support the Camp Augusta program philosophy that my child will engage in. I am aware that Camp Augusta does not hire an on-site Nurse during the non-summer camp season and that my child's medical health is the responsibility of his/her teachers and adult chaperones, and not Camp Augusta or their staff.

Signature _____

Date: _____

Indemnification

In consideration of the enrollment of our child(ren) in the Camp Augusta program, as the parents or legal guardians of any child(ren) attending or visiting, we agree on our own behalf and on behalf of our child(ren) visiting or attending Camp Augusta, to indemnify, defend and hold Camp Augusta and its officers, directors, employees, and agents harmless from and against any and all losses, liabilities, demands, claims, actions, expenses, (including attorneys' fees) of any type ("Claims") arising out of or relating to our child(ren) visiting Camp Augusta, attending its programs, or participating in any of its activities; provided, however, the foregoing indemnification shall not apply to any Claims which are caused by the gross negligence or willful misconduct of Camp Augusta, its officers, directors, or employees. Camp Augusta is not responsible for injuries to a child which occur during the ordinary course of camp activities. This indemnification shall include, without limitation, any and all Claims arising out of personal injury or death of a camper and any Claims made by third parties. The provisions of this indemnification shall survive the termination of this agreement, and shall be binding on the successors and assigns of the undersigned and the child(ren) attending Camp Augusta. This agreement assumes and requires parents/guardians to be familiar with and informed about the Camp Augusta website; the nature of the programs and philosophy are important to how the camp operates. Questions about the program or philosophy in any manner are assumed to have met the parent/guardian's satisfaction via phone calls or e-mails prior to registration. Campers must be able to eat a normal and varied diet, yet allowing for medical reasons, vegans, and vegetarians. Camp Augusta reserves the right, at the sole discretion of its Director, to change, add, or delete any portion of its program due to uncontrollable circumstances without notice, refund, or adjustment to tuition. There are also no refunds for uncontrollable acts of nature or large-scale events outside of Camp Augusta's control. My signature below also authorizes Camp Augusta to use pictures or video of my family and camper in brochures, on its web site, or in any other manner that is deemed appropriate to camp operations.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nevada County, California, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

No part of this agreement may be altered or amended in any way. Doing so completely voids the registration.

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

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