



Registration for the Young Explorers Camp at the Outdoor Discovery Center at Crooked Creek

June 9, 2025 – June 13, 2025. This is a ½ day (3 hour) camp.

1pm-4pm

Young Explorers Camp is for 4-7 years old children. Camp will take place at the Outdoor Discovery Center, 142 Kerr Rd., Ford City, PA 16226.

Cost = \$100/child. A 15% discount given when registering a sibling(s) at the same time. So, a second, third, etc. sibling would be charged \$85/child.

Please make check payable to the Armstrong Center for Community Learning. Registration must be received by June 3rd to secure your child's spot in the Young Explorers Camp.

Refund policy: Registration fees can only be refunded if withdrawals are received prior to the registration deadline.

Please write clearly so we can read your answers.

CAMPER NAME: _____

ADDRESS: _____

(Number, Street, and Apartment #)

(City)

(State) (Zip)

CAMPER SCHOOL: _____

GRADE: _____

CAMPER BIRTHDATE: ____/____/____ CAMPER SHIRT SIZE (Indicate Youth or Adult size) _____
(month) (day) (year)

Parent/Guardian Information

PARENT/GUARDIAN NAME: _____

ADDRESS (leave blank unless DIFFERENT than camper): _____

(Number, Street, and Apartment #) (City) (State) (Zip)

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN CELL #: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: In case of emergency when parent/guardian is not available, please notify:

CONTACT #1: _____

RELATIONSHIP TO CHILD: _____

CELL: _____ OTHER PHONE: _____

CONTACT #2: _____

RELATIONSHIP TO CHILD: _____

CELL: _____ OTHER PHONE: _____

Health-Related Information

This information is important to protect your child in the event of an emergency.

NAME OF FAMILY DOCTOR: _____

DOCTOR'S PHONE NUMBER: _____

INSURANCE CARRIER: _____

POLICY #: _____ GROUP #: _____

Please list any health or behavioral related information that may be helpful to the adult in charge:

Allergy Policy

For the safety of the children, we ask that parents disclose information about any known allergies. Please indicate level of severity and describe precautions that should be taken to ensure safety of your child, such as sanitizing and/or making separate seating accommodations at lunch/snack time.

Known Allergies:

EpiPens

Children who must carry epinephrine in the form of an EpiPen will be permitted to bring and use their EpiPen on themselves in the event of an emergency. Please note: Staff will not be able to administer EpiPen medications to campers unless directed to do so by EMS during an emergency telephone call. EMS, not ODC staff, will determine if/when EpiPen should be used, in the event that the child cannot use it on her/himself. In the event that the child has to use her/his EpiPen, parents will be immediately notified. If the child cannot administer the medication themselves, emergency medical services will be contacted.

Location of EpiPen: _____

(Non-Allergy) DIETARY RESTRICTIONS (vegetarian, gluten free, etc): _____

PERMISSION FOR MEDICAL TREATMENT: I hereby give permission for my child to receive medication and emergency care if necessary.

Your Signature Today's Date

Picking Up Your Child

The following adult(s) (with proper identification), in addition to Parent/Guardian or Emergency Contact, also have permission to pick up your child:

NAME: _____ RELATIONSHIP TO CHILD: _____
NAME: _____ RELATIONSHIP TO CHILD: _____

Photo Releases and Liability

WAIVER AND RELEASE OF LIABILITY

Notice: this is a legally binding agreement. You have the right to consult with an attorney prior to signing it, if you wish to do so. By signing this agreement, you give up your right to bring court action or recover compensation or obtain any other remedy for any injury to the minor child on whose behalf you are signing this release (hereinafter referred to as the “student”), or the student’s property, however caused, arising out of the student’s use of the Armstrong Center for Community Learning/Outdoor Discovery Center facilities now or anytime in the future.

Acknowledgement of risk: I understand that there is risk of injury to the camper from the activities involved in the ODC programs, including, without limitation, crafts, hiking, games, experimentation, and other such activity. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury, both physical and psychological/emotional, or death does exist. I(we) acknowledge that all activities present certain inherent risks and hazards. In addition, I understand that participation in ODC activities carries other risks incidental thereto, including, but not limited to, the possible reckless conduct of other participants. I(we) also recognize that there are both foreseeable risks of injury that may occur as a result of my minor child’s participation in the ODC programs that cannot be specifically listed.

Parental or guardian’s release of all claims: The undersigned being the parent(s), guardian, or person having the care and custody of my child listed on page one (1) and authorized by law to sign documents on their behalf, do hereby understand the risks associated with ODC activities and consent that she/he may participate in such activities, and in consideration of the Armstrong Center for Community Learning/Outdoor Discovery Center, its officers, employees, contractors, to hold harmless Armstrong Center for Community Learning/Outdoor Discovery Center or its officers, employees, contractors, volunteers, and other agents for any claim which may arise out of ODC activities, **including claims based on the negligence of ODC or its officers, agents, employees, or volunteers.** I understand that I will be solely responsible for any loss or damage the student sustains while using ODC facilities and equipment. My signature on this agreement signifies I am relieving Armstrong Center for Community Learning/Outdoor Discovery Center of any and all liability for such loss or damage.

This waiver and release of liability shall cover any and all ODC programs in which your student participates, whether located inside or outside of ODC’s physical space. It shall remain in full force and effect unless and until revoked in a writing received by the Armstrong Center for Community Learning/Outdoor Discovery Center. This waiver and release shall be governed by the laws of the Commonwealth of Pennsylvania. If any part of it is found to be unlawful, that part shall be severed and the remained shall remain in full force and effect.

I further certify that my child is in good health and that she/he has no physical limitations which would preclude the participation in ODC programs and/or the use of ODC facilities.

BY SIGNING THIS DOCUMENT, IT IS MY INTENTION TO EXEMPT AND RELIEVE the Armstrong Center for Community Learning/Outdoor Discovery Center, ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE

Your Signature _____ Date _____

PHOTO, AUDIO, &VIDEO IMAGES PERMISSION AND RELEASE FORM

For good and valuable consideration herein acknowledged as received, the undersigned hereby grants to the Armstrong Center for Community Learning/Outdoor Discovery Center, legal representatives and assigns, those for whom the Armstrong Center for Community Learning/Outdoor Discovery Center is acting, and those acting with the Armstrong Center for Community Learning/Outdoor Discovery Center authority and permission, the full rights to transcribe, reproduce and distribute photographs, video, voice, pronouncements, likeness, name and video of the undersigned and/or the undersigned's student, and copyright same, in advertising, promotional materials, publicity efforts or for any lawful, non-commercial purpose. These materials will not be sold or reproduced for sale in any form.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use which it may be applied. I hereby release, discharge and agree to hold harmless the photographer and/or videographer, the Armstrong Center for Community Learning/Outdoor Discovery Center, legal representatives and assigns of the foregoing, and those acting with the Armstrong Center for Community Learning/Outdoor Discovery Center's authority and permission, from any liability by virtue of any blurring, distortion, alterations, optical illusions, or in use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture, video images and/or audio material or in any subsequent processing thereof, as well as any publication thereof, including without any limitations, any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have the right to contract my student's name, as I am either the student's parent or his/her legal guardian. I have read the above authorization, release, agreement, prior to its execution, and I am fully familiar with the contents thereof.

This release shall be binding upon me and my heirs, legal representatives and assigns.

Signature _____ Date _____

Completed and signed registration and check made payable to the Armstrong Center for Community Learning should be mailed to the Outdoor Discovery Center, 142 Kerr Rd., Ford City, PA 16226