

# YOUNG EXPLORERS CAMP



June 8-12, 2026  
Outdoor Discovery Center  
at Crooked Creek

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

June 8, 2026 – June 12, 2026. This is a ½ day (3 hour) camp.

Please check the box, indicating which session your child(ren) will be attending June 8<sup>th</sup>-12<sup>th</sup>:

1pm-4pm

Young Explorers Camp is for 5-7 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 is 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 3<sup>rd</sup> to secure your child's spot in the Young Explorers Camp. Registration & payment should be mailed to the Outdoor Discovery Center, 142 Kerr Rd., Ford City, PA 16226.

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.

\_\_\_\_\_  
Parent/Guardian 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: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT THAT AFFECTS YOUR LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS AGREEMENT, YOU GIVE UP YOUR RIGHT TO BRING COURT ACTION TO RECOVER COMPENSATION FOR INJURIES OR DAMAGES RESULTING FROM ORDINARY NEGLIGENCE.**

**I. Acknowledgment of Risks and Voluntary Participation.** I acknowledge and understand that participation in the Young Explorers Summer Camp program at the Outdoor Discovery Center involves inherent risks and dangers that cannot be eliminated. These risks include, but are not limited to: Physical Risks: Injuries from outdoor activities, hiking, crafts, games, experimentation, and other camp activities; Environmental Hazards: Risks associated with outdoor terrain, weather conditions, wildlife, and natural obstacles; Equipment-Related Risks: Potential injuries from camp equipment, tools, and materials; Participant Conduct: Risks arising from the conduct of other participants, including potential reckless behavior; Supervision Limitations: Risks inherent in group activities where constant individual supervision is not possible.

I understand that these risks may result in serious physical injury, emotional trauma, property damage, or death. I acknowledge that this list is not exhaustive and that other risks, both known and unknown, may exist.

I voluntarily choose to allow my minor child to participate in the camp program with full knowledge and appreciation of these risks. I understand that no one is compelling my child's participation and that I am free to withdraw my child from the program at any time.

**II. Release and Waiver of Claims.** In consideration for allowing my child to participate in the Young Explorers Summer Camp program, I, on behalf of myself, my child, and our respective heirs, successors, and assigns, hereby:

RELEASE, WAIVE, AND DISCHARGE the Armstrong Center for Community Learning, the Outdoor Discovery Center, and their respective officers, directors, employees, agents, volunteers, contractors, and representatives (collectively, the "Released Parties") from any and all claims, demands, actions, causes of action, damages, losses, costs, and expenses of any nature whatsoever, including but not limited to claims for personal injury, property damage, or wrongful death, arising out of or relating to my child's participation in camp activities.

This release specifically includes claims based on the ORDINARY NEGLIGENCE of the Released Parties, whether such negligence is alleged to be a cause of injury, damage, or death.

EXCLUSIONS FROM RELEASE: This release does not extend to claims arising from the gross negligence, reckless conduct, or intentional misconduct of the Released Parties. Pennsylvania law prohibits the release of such claims as contrary to public policy.

**III. Assumption of Risk.** I voluntarily assume all risks associated with my child's participation in camp activities, whether such risks are known or unknown, foreseen or unforeseen. I understand that the Released Parties have not made and expressly disclaim any representations or warranties regarding the safety of camp activities or the elimination of inherent risks.

**IV. Indemnification and Hold Harmless.** I agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, demands, actions, causes of action, damages, judgments, costs, expenses, and attorney fees arising out of or relating to: 1. My child's participation in camp activities; 2. Any breach of this Agreement by me or my child; 3. Any negligent or wrongful acts or omissions by me or my child; 4. Any claims brought by third parties arising from my child's conduct during camp activities.

This indemnification obligation includes the duty to defend against such claims and to pay all costs and attorney fees incurred by the Released Parties.

**V. Parental Authority and Representation.** I represent and warrant that:

1. I am the parent or legal guardian of the minor child identified in this registration.

2. I have full legal authority to bind the minor child to the terms of this Agreement
3. I have read this Agreement in its entirety and understand its terms
4. I am signing this Agreement voluntarily and without coercion
5. My child is in good health and has no physical limitations that would preclude safe participation in camp activities.

**VI. Medical Treatment Authorization.** I hereby authorize the Released Parties to obtain emergency medical treatment for my child if necessary. I understand that I will be responsible for all costs associated with such medical treatment. I acknowledge that the Released Parties are not obligated to provide medical treatment and that their decision to seek or not seek medical treatment shall not create liability.

**VII. Severability.** If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect. The invalid provision shall be deemed severed from this Agreement, and such severance shall not affect the validity or enforceability of the remaining provisions.

**VIII. Governing Law and Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania. Any legal action arising out of or relating to this Agreement shall be brought exclusively in the courts of Pennsylvania.

**IX. Entire Agreement.** This Agreement constitutes the entire agreement between the parties regarding the subject matter herein and supersedes all prior negotiations, representations, or agreements relating to such subject matter. This Agreement may not be modified except by a written instrument signed by both parties.

**X. Acknowledgment of Understanding.**

BY SIGNING BELOW, I ACKNOWLEDGE THAT:

1. I HAVE READ THIS ENTIRE AGREEMENT CAREFULLY
2. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS
3. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY
4. NO ORAL REPRESENTATIONS HAVE BEEN MADE TO INDUCE MY SIGNATURE
5. I UNDERSTAND THE LEGAL CONSEQUENCES OF THIS AGREEMENT

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

PRINT CHILD'S NAME: \_\_\_\_\_

**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.

Parent/Guardian 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**