



"CAMP FARNAM"

CLIFFORD BEERS & FARNAM NEIGHBORHOOD HOUSE
162 FILLMORE ST. NEW HAVEN, CT 06513



Student Registration Form

Check:	<input type="checkbox"/> Week 1 (July 5 th – July 8 th)	<input type="checkbox"/> Week 2 (July 11 th – July 15 th)	<input type="checkbox"/> Week 3 (July 18 th – July 22 nd)	<input type="checkbox"/> Week 4 (July 25 th – July 29 th)
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Date: _____

Registration Deadline: June 17, 2022

LAST Name: _____ **FIRST** Name: _____

Date of Birth: _____ Age: _____ Sex(circle): Male / Female Gender Identity: _____

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

Race: (circle): Black White Asian Native American Multi _____ Hispanic/Latino (circle): Yes / No

Parent/Guardian Name #1: _____ Telephone #: _____

Parent/Guardian Name #2: _____ Telephone #: _____

Emergency Contact: (cell) _____ (home) _____ (work) _____

E-Mail Address (required): _____

Does your child have any allergies? (circle): Yes / No If yes, please list allergens: _____

Does your child take any medication? (circle): Yes / No If yes, please list: _____

School Name : _____ Grade: _____ Student ID #: _____

Does your child qualify for free or reduced meals at school? Yes No

Please circle family size and income below as it applies to your family:

Family Size	1	2	3	4	5	6
EL	\$13,805.09	\$18,052.81	\$22,300.53	\$26,548.25	\$30,795.97	\$35,043.69
VL	\$27,610.18	\$36,105.62	\$44,601.06	\$53,096.50	\$61,591.94	\$70,087.38
LO	\$33,132.22	\$43,326.74	\$53,521.27	\$63,715.80	\$73,910.33	\$84,104.86
AL	\$41,415.27	\$54,158.43	\$66,901.59	\$79,644.75	\$92,387.91	\$105,131.07

How did you hear about the program? Word of Mouth Online Flyer Other _____

Size (circle): Kids: 7-8 9-10 11-12 13-14 15-16 Adult: X-small Small Medium Large XL 2X

_____ **Initials**

(Rev 1.1 March 2019)

Email medical forms and physical to:
campfarnaminfo@cliffordbeers.org

WAIVER AND RELEASE OF LIABILITY

Waiver Hold Harmless: I am a participant in the above listed activity that is being conducted at Clifford W. Guidance Clinic, Inc.'s Farnam Neighborhood Center located at 162 Fillmore Street, New Haven, CT, Camp Farnam located at 285 Maiden Lane, Durham, CT, or other designated location.

I acknowledge that that playing basketball and baseball, practicing martial arts, swimming, participating in camp activities, and other physical activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

In consideration of my participation in any of the above listed activities, I, my heirs, personal representative or assigns, do hereby release, waive, discharge, all claims against Clifford Beers, it's trustees, directors, officers, employees and agents from liability from any and all claims including negligence of resulting in personal injury, accidents, or illnesses and property loss arising from use of premises. I understand that insurance coverage is my responsibility.

_____ **Initial**

Covid Waiver: I further acknowledge that playing basketball and baseball, practicing martial arts, swimming, participating in camp activities, and other physical activities, during the present COVID 19 pandemic may subject me to exposure and contracting of COVID; I hereby specifically waive any and all COVID-related claims against Clifford Beers, its officers, directors, employees, and agents in connection with my participation in any activity at any of the aforementioned locations. I understand that COVID-19 screening will be conducted before participants and their parent or guardians may enter into any of the aforementioned locations.

_____ **Initial**

Video/Photo Release: I hereby consent that any video and photographs which have been, or will be taken in the future by Clifford W. Guidance Clinic, Inc.'s Farnam Neighborhood Center or it's designees, may be used by Clifford W. Guidance Clinic, Inc.'s Farnam Neighborhood Center designees for the purposes set forth by Clifford W. Guidance Clinic, Inc.'s Farnam Neighborhood Center designees for advertising and promotion of our programs without receiving compensation for material used in said advertising and promotion.

_____ **Initial**

I certify that the above information I have voluntarily provided is correct and may be subject to verification at a later date.

ADULT I am 18 years of age or older and have voluntarily signed this waiver and release.

Printed Name of Participant (if 18yrs or older): _____

Signed: _____ Date: _____

MINOR I am the (please circle) Parent or Guardian of the participant who is under 18 years of age and I have voluntarily signed this waiver and release.

Printed Name of Parent/Guardian: _____ Capacity: _____

Adult Signature: _____ Date: _____

Student Signature: _____ Date: _____