SPOTS AVAILABLE THROUGH A LOTTERY DRAWING!
Camp Invention Application Information

Grades: Incoming 1st - 5th graders
Location: North Park Elementary School
1593 Route 9G, Hyde Park, NY 12538
Date: June 28 - July 2, 2021
Time: 8:30 AM to 2:30 PM

Camp Director: Kimberly Knisell | kknisell@hpcsd.org | (845) 229-4000 ext 1811

Students must bring their own lunch daily.

The Hyde Park Central School District is thrilled to make this unique opportunity available to our students at no cost to families, other than transporting your child to the program.

Please return applications to your school’s main office by May 7, 2021
Camp Invention Registration Application

Where: North Park Elementary School
When: June 28 - July 2, 2021 | 8:30 AM to 2:30 PM

Child Information

First Name* | Last Name* | Birth Date*
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Gender* | Ethnicity* | Photo Release*
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O Yes  O No

In-Person:

Does your child require an EpiPen®?*
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O Yes  O No

Allergies, prescribed medications, and/or special accommodations See Terms & Conditions

Grade Fall 2021* | School Fall 2021*
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T-Shirt Size* | How did you hear about camp?**
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Youth S-L, Adult S-XXXL

Parent/Guardian Information

First Name* | Last Name* | Phone* | Email*
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Address*  No PO Boxes please

City* | State* | Zip*
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Terms & Conditions

Behavior Policy: Children are to behave in an acceptable manner and use appropriate language at all times. Please remember there are no refunds if a child is asked to leave a program for unacceptable behavior.

Accommodations & Medical Authorization: Please call 800-968-4332 a minimum of 8 weeks prior to the program start date if 1:1 assistance or medication administration is requested. We will provide a form to submit any necessary information. While a request cannot be guaranteed, all reasonable inquiries will be reviewed for safety and program integrity. *Nurses, special education assistants, aides, etc., are not on site unless a parent arranges an approved accommodation beforehand.

Emergency Treatment Authorization: You hereby authorize the diagnosis and treatment of your child by a qualified and licensed medical professional, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed. Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event of a medical emergency you understand that every attempt will be made by the attending physician to contact you in the most expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you. Permission is also granted to the National Inventors Hall of Fame, Inc. and its affiliates to provide emergency treatment prior to the child’s admission to a medical facility. This release is authorized for the duration of the registered session. This release is authorized and executed of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in your absence.

Liability Waiver: On your own behalf, and as parent or guardian, you acknowledge and agree that there is the possibility of physical injury or loss associated with your child’s participation in the program and hereby release and discharge the National Inventors Hall of Fame, Inc., its affiliated organizations, employees and associated personnel including the owners of the program facility against any and all claims, liabilities and/or damages as a result of your child’s participation in the program.

Photo Release: You authorize the National Inventors Hall of Fame, Inc. and its affiliates, to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings made of your child for public relations, marketing/advertising and/or internal training purposes.

Please complete this application and return to your school’s main office by May 7, 2021

For more information, contact Kim Knisell at kknisell@hpcsdf.org

Confirmation By registering your child you have read and agreed to the Terms & Conditions of the program.

Parent Signature*  Date*