



Camp Augusta
17530 Lake Vera Road
Nevada City, CA 95959



Phone: (530) 265-3702

www.campaugusta.org

Fax: (530) 265-3527

Forma de Registración para Campamiento

Escuela/Organización: _____

Niño/Niña

Nombre: _____ Apellido: _____

Género: ☐ Fecha de nacimiento (mm/dd/yy): ☐☐ / ☐☐ / ☐☐

Padre/Guardián Información de Contacto

Nombre: _____ Apellido: _____

Domicilio: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de Casa: ☐☐☐--☐☐☐--☐☐☐☐ Teléfono de Trabajo: ☐☐☐--☐☐☐--☐☐☐☐

Teléfono de Celular: ☐☐☐--☐☐☐--☐☐☐☐

Correo Electrónico: _____

Relación a Campista _____

Opcional:

Ethnicidad: _____ Ingreso menos de \$20K?: Yes ☐

2nd Padre/Guardián

Nombre: _____ Apellido: _____

Domicilio: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de Casa: ☐☐☐--☐☐☐--☐☐☐☐ Teléfono de Trabajo: ☐☐☐--☐☐☐--☐☐☐☐

Teléfono de Celular: ☐☐☐--☐☐☐--☐☐☐☐

Correo Electrónico: _____

Relación a Campista _____

Fechas y Matricula (llenado por maestro o maestro)

Su estudiante va a asistir a Camp Augusta durante las fecha(s): _____

Matricula para el programa de tu estudiante: _____

Consulte con el maestro(a) a respecto a cuando la matricula es debido

Consideratciones para la cocina (solo es necesario si su estudiante va a comer comida preparada de Camp Augusta)

Porfavor de notar necesidades nutriciones (alergias, vegetarianismo, sin gluten, intolerancia al la lactosa, etc.)

Antes de mandar a su hijo al campamento, lea el paquete de información para padres / alumnos con su hijo. Contiene información valiosa sobre lo que puede esperar en el campamento.

Yo _____ he leído el paquete de información para padres / estudiantes y he compartido la información apropiada con mi hijo. Entiendo y apoyo la filosofía del programa Camp Augusta en la que mi hijo participará. Estoy consciente de que Camp Augusta no contrata a una enfermera en el sitio durante la temporada de campamento que no es de verano y que la salud médica de mi hijo es responsabilidad de sus profesores y chaperones adultos, y no de Camp Augusta ni de su personal.

Firma _____

Fecha: _____

Participant Agreement

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 participant 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. I understand that part of the camping experience at Camp Augusta involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. . Such risks include uneven terrain, standing and moving water, forested and other areas that may result in wildlife encounters including mammals, reptiles and insects that could result in infections and various insect-transmitted diseases such as West Nile Virus and Lyme Disease from tick bites and accept these risks on behalf of my child. I have been advised to examine my child upon return home for ticks and other evidence of insect bites or stings and to take the necessary medical precautions. I am also aware that my child may participate in off-campus activities such as (Yuba River visits, mountain bike trails) that involve additional risks. In addition, there are certain unavoidable risks associated with various game and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he/she is familiar with these rules and will obey them. 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. If Camp Augusta is providing food service, 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(s) in brochures, on its web site, or in any other manner that is deemed appropriate to camp operations. My signature below also authorizes chaperones (e.g. teachers, parents) to take pictures or video of my family and camper(s) for school or program use on their part.

Camp Augusta does not provide a lifeguard or any type of supervision or oversight at any of our swimming or water facilities unless a water based activity is in process, and even then, the lifeguard's responsibility is for the guests participating in the activity, not others choosing to use water facilities outside of scheduled program time. This will significantly increase the risks of swimming, boating and other water related activities. Such risks include but are not limited to cuts, bruises, fractures, paralysis, loss of bodily function, and death by drowning or other cause. In addition, there may be obstructions and other underwater hazards that cannot be seen from above the water. I am aware of these risks, and should I choose to leave my child unattended and/or allow my child to use these facilities, I am assuming them on my behalf and/or on behalf of my child.

To the fullest extent permitted by law, I shall waive, release, indemnify and hold harmless Camp Augusta and the Lake Vera Mutual Water Company, their agents, officers, trustees, and employees from and against any claims, damages, losses or expenses arising out of or resulting from my and/or my use of any swimming or other water facilities.

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 unless Camp Augusta, in its sole discretion, selects a different forum. Any dispute submitted to arbitration under this clause must be heard by the arbitrator(s) in its entirety within one year of submission, who must render his/her decision within thirty days of the close of the evidence. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

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

Nombre de dependiente _____

Firma Padre/Guardián: _____ Fecha: _____

Nombre Impreso: _____