



789 Washington Avenue
Brooklyn, NY 11238-5485

voice (718) 638-7700
fax (718) 638-7740

www.heartofbrooklyn.org
info@heartofbrooklyn.org

Parent / Guardian Agreement for 2008 BCAP Participation

Medical Agreement

My child is healthy and able to participate in Brooklyn Cultural Adventures Program (BCAP) activities. I will provide a proper medical form based on an exam performed less than one year prior to the opening of camp as required by the City of New York. I will provide BCAP with an original order from the prescribing physician for any medications that my child may need to take while at camp. No medication will be administered by BCAP staff members. BCAP will only observe children who self-administer required medications.

In case of surgical or medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the child, as named below, for whom I am financially responsible. Every effort will be made by the Camp Administration to immediately contact me in the event of emergency.

Parent/Guardian Initials _____

Camp Agreement

Camp cancellations received by BCAP before May 1, 2008 will receive a full refund less a \$25 processing fee. After May 1st, fees are non-refundable. No refunds or adjustments will be made for absences including, but not limited to, withdrawal from the program, illness or failure to provide a medical form.

Permission is granted to take my child on BCAP trips and for my child to participate in all activities in or outside the BCAP campus.

My child will come to camp each morning wearing a BCAP T-Shirt and sunscreen. The BCAP staff may assist my child in applying additional sunscreen.

My child and I understand that BCAP has a zero tolerance policy for inappropriate behavior. The camp will not accept profanity, disrespect, bigotry, sexual aggression or any unsafe behaviors. I understand that the camp staff will make every effort to provide a positive experience for my child; however, if s/he cannot live within the rules of the camp or her/his behavior adversely affects the experiences of other children, I understand that s/he may be dismissed.

I have discussed the policies of the camp with my child and my child understands the consequence of unacceptable behavior could be dismissal from camp. I have discussed in detail my expectations of my child and have stated that we are in agreement with BCAP's policies.

I understand that there are a number of inherent risks involved in summer camp activities. I, parent/guardian of the child named below, agree to assume those risks, and release and hold Heart of Brooklyn and its members: Brooklyn Botanic Garden, Brooklyn Children's Museum, Brooklyn Museum, Brooklyn Public Library, Prospect Park and the Prospect Park Zoo (collectively hereinafter "HOB"), its affiliates and employees harmless from, and waive any claim against HOB as to, any injury that may occur to my child while attending BCAP.

Parent/Guardian Initials _____

Media Release Agreement

BCAP may photograph/video activities and use photograph/video in which my child appears for publicity as developed by or for Heart of Brooklyn and its members: Brooklyn Botanic Garden, Brooklyn Children's Museum, Brooklyn Museum, Brooklyn Public Library, Prospect Park and the Prospect Park Zoo (collectively hereinafter "HOB"). I hereby give consent to HOB to photograph my child, and his or her artworks, for the purpose of documentation and marketing of HOB programs. I understand that the photographs will not be bought or sold for commercial purposes; that some images may be used in HOB brochures or in HOB presentations on the Web; that the specific HOB program, not the individuals, will be identified by name with the relevant photograph(s); and that these images will become part of the HOB Archives after five years, where they will be made available to researchers for study and scholarly publication.

I agree

I do not agree Parent/Guardian Initials _____

I represent that the information I have provided on this page is true and accurate and further represent that I have read and understand this packet, including this Agreement, and agree to its terms.

Please print your name

Relationship to child

Your signature

Date

Child's name