



## HUYCK PRESERVE AND BIOLOGICAL RESEARCH STATION

Dear Parent/Guardian,

Below you will find the Registration, Health Insurance, Liability Waiver and Medical Consent, for the Huyck Preserve's summer education programs: Nature Study and the Natural History Day Program.

Parents/Guardians please complete and sign where indicated the Registration, Health Insurance, and the Liability Waiver and Medical Consent Form. Additionally, please provide a copy of your health insurance card (front and back).

A registration form should be completed for each student registering for any of our summer education programs.

If you have any questions about summer education programs at the Huyck Preserve or the registration process, please do not hesitate to contact me by email ([dawn@huyckpreserve.org](mailto:dawn@huyckpreserve.org)) or phone (518-797-3440).

**Complete registration forms can be submitted by either:**

- A. Email to: [dawn@huyckpreserve.org](mailto:dawn@huyckpreserve.org)
- B. U.S. mail to: Huyck Preserve and Biological Research Station  
PO Box 189, Rensselaerville, NY 12147

Sincerely,

Dawn O'Neal  
Director of Conservation Education and Research  
Huyck Preserve and Biological Research Station  
P.O. Box 189  
Rensselaerville, NY 12147

# Huyck Preserve Summer Education Programs Registration Form

## **Student Information** (Please fill out a registration form for EACH student):

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ ☐ Male ☐ Female

Grade Entering in September \_\_\_\_\_

### **Program:**

Nature Study: ☐ Grades K-2 ☐ Grades 3-5

Natural History Day Program: ☐ Week 1 ☐ Week 2

### **Guardian Information:**

#### **Parent/Guardian 1**

Name \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

#### **Parent/Guardian 2**

Name \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Persons authorized to pick up student (other than Parent/Guardians listed above):

**Please note, students *will not* be released to an unauthorized person.**

**Huyck Preserve Summer Education Programs  
Student Health Insurance Form**

\_\_\_\_\_  
Name of Student Applicant

**Primary Care Physician**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Health Insurance Policy Information**

Is your student covered by the listed insurance plan? \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

***Please be sure to include of copy of your health insurance card (front and back)  
with these forms.***

**SPECIAL NEEDS.** Are there any physical, mental, psychological, behavioral, or dietary conditions requiring special restrictions or considerations which we should be aware to ensure your student's fullest enjoyment? Please describe, including any special accommodations necessary. Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition. Please feel free to include any additional information on a separate sheet of paper.

**I do hereby confirm that all of the above information is correct.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Liability Waiver**

I hereby give permission for my student's participation in any and all activities associated with the summer education program I am registering my student for, Nature Study or the Natural History Day Program (hereafter Summer Ed Programs). I acknowledge that there are known-inherent and unforeseeable risks in these activities. The known-inherent risks of activities my student will participate in are: dangers associated with interaction with nature, natural forces, swimming and other strenuous outdoor activities, and the possible loss of personal property and injury due to personal actions. I do hereby waive, release, and absolve the Edmund Niles Huyck Preserve, Inc., its past, present, and future directors, officers, employees, and agents (whether acting as agents for the Huyck Preserve or in their individual capacities) from any and all claims arising out of injury or other harm to my student during their participation in Summer Ed Programs at the Huyck Preserve and further agree to indemnify and hold harmless the Edmund Niles Huyck Preserve, Inc., its past, present, and future directors, officers, employees, and agents from any claims, actions, expenses, or other damages arising out of that participation as well as arising out of any actions of my student.

### **Consent for Medical Treatment in Case of Emergency**

I hereby consent and authorize Huyck Preserve staff to seek medical treatment for my student as they see necessary. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide Huyck Preserve staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to my student. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, Huyck Preserve staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that Huyck Preserve staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

### **Photo Release**

I give permission to the Edmund Niles Huyck Preserve, Inc. to use my student's photo in publications, on its website, or other presentations to the general public.

☐

Yes

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No

**My signature acknowledges that the information provided above is correct and that I have read and agree with the above statements.**

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Parent/Guardian Signature

Date