

2020 Transportation Request Form

Camper's Last Name Camper's First Name Birth Date Age Sex (M/F) Grade Entering Sept. 2020

Street Address City State Zip Code

Campus Camps offers transportation to and from camp as well as to field trip locations. Please complete this form to allow your child to use our transportation services.

<p>Pick Up Location (AM)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip Code</p>	<p><u>CAMP</u></p> <p><input type="checkbox"/> Oakdale</p> <p><input type="checkbox"/> Stony Brook</p> <p><u>Graduate Travel</u></p> <p><input type="checkbox"/></p>	<p>Drop Off Location (PM) <input type="checkbox"/> (Check if Same as Pick Up)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip Code</p>
--	--	--

Additional Information (Please provide as much details as possible i.e.: Closest Major Roadways, Nearest Crossroad, Landmarks, Construction, Special Instructions, etc) _____

Weeks Attending:

- | | | |
|---|---|---|
| <input type="checkbox"/> Week 1 (June 29-July 3) | <input type="checkbox"/> Week 2 (July 6-July 10) | <input type="checkbox"/> Week 3 (July 13-July 17) |
| <input type="checkbox"/> Week 4 (July 20-July 24) | <input type="checkbox"/> Week 5 (July 27-July 31) | <input type="checkbox"/> Week 6 (August 3-August 7) |
| <input type="checkbox"/> Week 7 (August 10-August 14) | <input type="checkbox"/> Week 8 (August 17-August 21) | <input type="checkbox"/> Week 9 (August 24-August 28) |

Days Attending:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Transportation to and from camp and field trip locations shall not be provided unless this "Transportation Form" is signed by the Parent/Guardian of the Child and payment for such services has been received. Campus Camps reserves the right, to disallow a child whose conduct is disruptive, uncooperative and hazardous to the passengers or driver of the vehicle. Campus Camps, its employees, and affiliates shall not be responsible for clothing, jewelry, cell phones, or other personal possessions that are lost, stolen or damaged while at camp or on the bus. I hereby authorize the Camp Director and/or Medical Staff of Campus Camps to provide medical attention to my child. I also grant permission for an emergency physician to examine, treat, hospitalize or secure treatment for my child in the event of an emergency. In the event of an emergency, every effort will be made to contact the parent(s). In the event that contact is impossible the undersigned parent/guardian of the child hereby gives permission to Campus Camps to bring their child to the nearest medical facility for medical care. For Daily Transport: To ensure the campers are at camp by 9:00am, drivers can begin their routes as early as 8:00am. Pick Up and Drop Off times will vary based on distance from the camp and the number and location of other stops. Campers will only be released to individuals listed on the "Authorized to Pick Up" list that is generated from your child's enrollment form. If there is not an authorized individual at Drop Off, the child will remain on the bus while we try to contact a parent or emergency contact. If no one is available, the camper will be safely returned to the camp and we will make arraignments for a parent pick up. For those campers not attending all 5 days of camp, please indicate which days of the week you are planning on attending. This information will allow us to plan our routes accordingly. Please inform the camp office as soon as possible if any of this information changes. For field trip transportation: Campers will leave camp after 9:00am and return before 4:00pm on any camp trip. In the event that a trip is not back by regular dismissal time, parents will be notified and arraignments will be made to arraign alternative pick up plans. I am aware that traveling on and off campus and participation in any activity can be dangerous, involving many risks including serious injury or death. I hereby assume all the risks associated with my child's participation. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____