



Community Mayors, Inc.

C/O Bonnie Brown
Superintendent District 75
Department of Education
400 First Avenue
New York, New York 10010



The Dominick Della Rocca Summer Camp Scholarship Fund 2010

Participant Application /Sleep Away Camp Only

Student application deadline January 31, 2010. Incomplete applications or applications mailed to incorrect address will not be considered. Please mail to address above.

Part I Participant Information - Ages nine (9) -sixteen (16)

1. Name: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: _____
Work Phone: _____
EMail: _____
2. Date of Birth: _____
3. Student School: _____ Tele: _____
4. Student Ambulation Status: _____
5. Has child attended sleep away camp before? _____
6. Language(s) Spoken by participant: _____
7. Medical Alert - Limitation (please list any physical and/or mental limitations):

8. Why my child would benefit from one or two week sleep away summer camp:



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Part I (cont.) Participant Information - Ages nine (9) -sixteen (16)*Please read and initial lines 9 – 16 in space provided * _____ (Parent Initials).

9. The Community Mayors, Inc. is providing a scholarship voucher up to Two Thousand Dollars (\$2,000.00) paid directly to the camp.* _____(Parent Initials)
10. If selected as a semi finalist applicant would be able to attend an interview.
* _____(Parent Initials).
11. Parent must agree to allow communication between Community Mayors, Inc. and the camp regarding conditions of scholarship.* _____ (Parent Initials).
12. If selected, Parent must agree to photo release for newsletter * _____ (Parent Initials).
13. It is my responsibility as parent to submit application and secure admission to camp * _____ (Parent Initials).
14. It is my responsibility, as parent, to obtain a letter of indemnification from camp releasing Community Mayors, Inc., the City of New York, the New York City Department of Education, and their respective Boards of Directors, members, commissioners, officers, employees, agents, representatives, successors and assigns from all responsibility
* _____ (Parent Initials).
15. Within fourteen (14) days of acceptance on our terms, we must receive notification and an invoice from camp* _____ (Parent Initials).
16. I understand that Community Mayors, Inc. is a not-for-profit corporation funding this camp program. I understand that Community Mayors, Inc.'s participation in this program is limited to funding (within the financial limits prescribed by Community Mayors Inc.) a chosen child's tuition at a camp chosen exclusively by the parent. Community Mayors Inc. does not evaluate the safety or suitability of any camp for the chosen child and does not participate in the choice of camp. * _____ (Parent Initials).

Parent/Guardian Signature: _____



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Part II School Participant Information

1. Student Name: _____

2. Staffing ratio of the class / circle one _____ 6:1:1 8: 1:1 12:1:1 12:1:4

3. School recommendation - Why student will benefit from one or two week sleep away camp. Please describe child's disability.

Prepared by: _____ Title: _____

PLEASE SEND ENTIRE APPLICATION TO:

**Community Mayors, Inc.
 C/O Bonnie Brown
 Superintendent District 75
 Department of Education
 400 First Avenue
 New York, New York 10010**

**For more information visit our website @
www.communitymayors.org**

WAIVER, RELEASE, AND INDEMNITY

Student Name: _____ (the "**Participating Child**")

Community Mayors, Inc., the City of New York, the New York City Department of Education, and their respective Boards of Directors, members, commissioners, officers, employees, agents, representatives, successors and assigns (all of the foregoing being collectively called the "**Released Parties**") have no responsibility for the Participating Child while attending, or traveling to or from, any summer camp, or any other related activity. I understand that if there shall be any accident, injury, abuse or harm to the Participating Child while attending or traveling to or from, any camp, then I and the Participating Child shall not make any claim against any of the Released Parties, and instead I and the Participating Child shall make claims only against the owner, operator or person in charge of such camp (each such owner, operator or person in charge being called the "**Responsible Parties**"). By placing my signature at the bottom of this form, I, on behalf of the Participating Child, and as custodial parent or legal guardian of the Participating Child, and on my own behalf, hereby waive and release, and agree to defend, indemnify and save harmless, to the fullest extent permitted by law, each of the Released Parties, from any and all liabilities (including, without limitation, any liability based on negligence of any Released Party), claims, demands, penalties, fines, settlements, damages, costs, expenses, actions or causes of action, suits or causes of suit, and judgments which arise from any travel by the Participating Child (or a member of the Participating Child's family) to or from any camp, or attendance at such camp by the Participating Child (or a member of the Participating Child's family), or any other related activity, or any injury to or by the Participating Child, including death, or any damage to property of any nature, occasioned wholly or in part by any act or omission of any Released Party or any other person or entity at such camp or while traveling to or from such camp or any related activity, provided however, that this waiver, release or indemnity shall not limit my right to make a claim against any Responsible Party.

I agree that it is my responsibility as parent or guardian to make the final decision as to the camp my child attends and to research the possible strengths and weaknesses of the camp and to assist the camp in any way possible to ensure the safety and security of my child.

I further understand that if Community Mayors, Inc. is providing funding up to a certain amount for the camp for the Participating Child, then such funding will be paid directly to the camp.

By signing this document, I confirm that I have read and understand this waiver, release and indemnity. The phone number of the Community Mayors' office is included in the participant application packet.

I also confirm that I am the custodial parent or legal guardian of the Participating Child, that such Participating Child is less than 18 years old, and that I have the legal right to sign this waiver on behalf of such Participating Child. I further acknowledge that each of the Released Parties may photograph the Participating Child and members of the Participating Child's family and that such photographs may be used in connection with the normal publicity for the activities of any Released Party. I further acknowledge that no Released Party has committed to send the Participating Child to summer camp as of the date of this waiver.

Signature

Date

Print your name and state your relationship to the Participating Child

Witness

Date