

Bandura at Bobriwka

Family Reunion Registration – 2024



Contact Info, Packing List, Schedule, Latest Information:

bandura-at-bobriwka.com

All students and staff are required to register. SPACE IS LIMITED! To secure your spot, please submit the following forms and FULL payment by May 5th, 2024.

- Completed registration forms
- Check for payment in full made out to “Bandura At Bobriwka”
- Front & Back of Insurance Card (under 18)

Send to:



Irene Kuzma
70 Uplands Way
Glastonbury, CT 06033

Or

Scan to
ikykuzma@gmail.com

Please print in black or blue pen

Participants

ALL Students and Staff, please

Name	Age (if under 21)	Yes No Needs bandura rental	Participant Email
Food and other allergies / Dietary Restrictions		Current medications, any medical concerns (CONFIDENTIAL)	

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Primary Contact

Name	Phone	Email
Address		

Emergency Contacts

Name	Phone
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Name	Phone
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Cost of Program

Number of Students	X \$425	= \$
Bandura Rentals	X \$40	= \$
Total		= \$

Media Waiver

Required for all participants, students and staff

Bandura at Bobriwka takes photos and videos of its events for its concert archives, and affiliated bandura-related promotions. In order to use the photos and videos, signed releases for participants and staff are needed.

The adult participants and parent or legal guardian of children listed in the registration form grant to Bandura at Bobriwka and the New York Bandura Ensemble Inc., its agents, employees, and volunteers, to copyright, use, and publish media material for promotional or educational purposes, in print or electronically. This includes photographic images, video images and recordings, and voice recordings. The undersigned further agree that the material may be used for any lawful purpose including printed or electronic publicity, illustration, advertising, website content, and other social media. The undersigned waive any right of compensation or ownership thereto. This release will remain in full force and effect until withdrawn in writing by the undersigned.

I have read the Media Waver above. I grant permission for the minors listed in the registration form to take part in the reunion and agree to the conditions.

Name of Parent or Guardian	Signature	Date
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I am at least 18 years old and participating in the Bandura At Bobriwka Family Reunion. I have read the Media Waver above and agree to the conditions.

Name of Participant (over 18)	Signature	Date
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Name of Participant (over 18)	Signature	Date
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Name of Participant (over 18)	Signature	Date
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Medical Information (under 18)

Required for all unaccompanied children under 18 years old

For headaches and other minor aches and pains, please provide your authorization to dispense acetaminophen (Tylenol) and/or ibuprofen (Motrin) to each of your children. Circle the appropriate response for each medication.

	Preferred Yes No	Preferred Yes No
Child's Name	Acetaminophen	Ibuprofen

	Preferred Yes No	Preferred Yes No
Child's Name	Acetaminophen	Ibuprofen

	Preferred Yes No	Preferred Yes No
Child's Name	Acetaminophen	Ibuprofen

	Preferred Yes No	Preferred Yes No
Child's Name	Acetaminophen	Ibuprofen

	Preferred Yes No	Preferred Yes No
Child's Name	Acetaminophen	Ibuprofen

Attach Front & Back of Insurance Cards for all participants under 18 years old

General and Medical Waiver (under 18)

Required for all unaccompanied children under 18 years old

I recognize that there are real and inherent dangers in participating in outdoor activities at Bobriwka. I fully understand and accept that my child may be subject to these dangers while staying outdoors and participating in outdoor activities, and that his or her death or serious bodily injury may result. Despite these dangers, I hereby request that the children listed in the registration form be allowed to participate in all activities. I specifically consent to his/her participation, and waive any and all claims against the organizers for any injury, including but not limited to death and serious bodily injury that may result. In addition, if the minor(s) require(s) any emergency medical procedures or treatments during this time period and I cannot be immediately contacted, I consent IRENE KUZMA OR _____ to arrange for the procedures or treatments at his/her discretion. Nevertheless, any emergency plan and/or medication administration plan already established for a minor will be followed.

I have read the Medical Waiver above. I grant permission for the minors listed in the registration form to take part in the reunion and agree to the conditions.

Name of Parent or Guardian	Signature	Date
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Program Rules

Required for all participants under 21. Parent and participants under 18 must read and sign together.

CELL PHONE & ELECTRONICS POLICY

This week at Bobriwka is a time to create music, play games, and be in nature. Therefore, we highly discourage any use of electronics (phones, ipads, gaming consoles) during the week, but participants are allowed to use them during free time (after lunch until 4pm) and evening activities, if appropriate.

If electronics are used inappropriately during rehearsals and lessons (texting, gaming, watching videos, etc.) the participant is given **TWO** verbal warnings, **the 3rd time they use electronics inappropriately – the director confiscates the item**, only to be returned for temporary use at appropriate times.

Instructors reserve the right to confiscate phones and electronics at any time. Adult staff members with phones can be contacted to reach your child. Counselors and instructors will keep track of time for and wake up participants under 18.

Bandura at Bobriwka will not be responsible for broken or stolen equipment.

CAMPGROUND BOUNDARIES

Participants under the age of 18 are not allowed to cross campground borders or leave the campground during the program unless given express permission by the program director AND accompanied by a member of program staff or a parent. Violation of this rule will result in expulsion.

VIOLENCE

Malicious and destructive behavior of any kind is unnecessary and unacceptable. Fighting among participants is strictly forbidden. Violation of this rule will result in expulsion.

DRUGS AND ALCOHOL

Local, state, and federal laws governing the use of alcohol, tobacco and cannabis products are observed. Usage of any illegal drugs is strictly forbidden (with the exception of drugs prescribed by a licensed physician for medical reasons — the program director is to be made aware of any special medical situations when the participant registers). Drug use by a minor (under 21) is strictly forbidden.

I have read the program rules and understand that violation of these rules can lead to the appropriate policies (temporary electronic property confiscation, program expulsion.)

Name of Parent or Guardian	Signature	Date
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Name of Participant (under 21)	Signature	Date
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Name of Participant (under 21)	Signature	Date
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Drug & Alcohol Policy (over 21)

All students and staff age 21 or older

Local, state, and federal laws governing the use of alcohol, tobacco and cannabis products shall be observed. Usage of any illegal drugs is strictly forbidden (with the exception of any drugs prescribed by a licensed physician for medical reasons — the program director is to be made aware of any special medical situations when the participant registers).

We are reminding and informing all adult participants of Connecticut law:

Conn. Gen. Stat. §30-89a

(a) No person having possession of, or exercising dominion and control over, any dwelling unit or private property shall (1) knowingly, recklessly, or with criminal negligence, permit any minor to possess alcoholic liquor in violation of subsection (b) of §30-89 in such dwelling unit or on such private property, or (2) fail to make reasonable efforts to halt such possession. For the purposes of this subsection, "minor" means a person under 21 years of age.

(b) Any person who violates the provisions of subsection (a) of this section shall be guilty of a class A misdemeanor.

The overall responsibility to monitor and enforce this law lies with the administrators, staff and parent volunteers, all adults are asked to read and sign this agreement.

I have read and understand the CT Statute regarding allowing the access and possession of alcohol by any minor. I agree to not purchase, or provide alcohol, cannabis or illegal substance to any minor during the Bandura At Bobriwka reunion.

Furthermore, if at any time I witness a minor being provided or consuming alcohol, cannabis or banned substances, I will report the incident immediately to administrators.

I also understand that if I fail to follow the above agreement, I may be expelled from the program.

Name of Participant (over 21)	Signature	Date
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