



**American Italian Heritage Association and Museum**  
**1227 Central Avenue, Albany, New York 12205**  
**(518) 435-1979**

**Riunione dei Giovani (Youth Gathering): Celebrating Your Italian Heritage**

**Wednesday, July 11, 2018, 10:30 a.m.-2:30 p.m.**

**Event is for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Graders**

We are happy to offer this free program to young people of Italian heritage as an opportunity for them to gain an appreciation for and increased knowledge of their roots and will include a:  Short video and discussion about Italian heritage  Tour of the Museum  Demonstration, tasting, and discussion of Italian cuisine  Game of bocce or, if it rains, Tombola - Italian bingo  Family History Workshop - Genealogy, Oral History, and Family Photos  Lunch (pizza, soda, water, and Italian desserts)

REGISTRATION FORM First come, first served. Receipt of your completed registration form secures your reservation.

**Return completed registration form no later than July 3<sup>rd</sup> to:**

John Capano, Event Coordinator

11 Meadowbrook Ct, Ballston Spa, NY 12020

[jcapano@nycap.rr.com](mailto:jcapano@nycap.rr.com)/(518) 288-3513

**Parent/Guardian Name:**

**Parent/Guardian Emergency Contact Number: (     )**

**Please check one:      I will be staying with my child for this program.**

**I will not be staying with my child for this program.**

**Participant's Name:**

**Age:**

**Food allergies? (Check one): No. Yes, please list below:**

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**The participant requires assistance with the administration of medication as follows:**

Medication/Unit:

Dosage and Frequency:

Medication/Unit:

Dosage and Frequency:

**I give AIHA&M permission to administer the above medication as ordered and have provided the medication as it was originally dispensed with labeling intact.**

**Parent/Guardian Signature:**

**Date:**

### **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I acknowledge that AIHA&M and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

**Participant's Signature:**

**Date:**

**(If under 18 years old, Parent or Guardian must also sign.)**

**Parent/Guardian Signature:**

**Date:**