

Dear Farm Day Camp Parents & Campers,

It's almost time for Farm Day Camp 2009!!! To register, please fill out the attached registration/health form and mail it with your deposit to reserve a slot. You can also register via our web site & pay with a credit card. www.ruralresources.net. We want your child to have a wonderful time here. Our emphasis is on relationship building between the campers, the campers and staff, and the campers and the land. To ensure your child gets plenty of quality time, our camper staff ratio is 1:8 (or better) for full-day camps and 1:5 for pre-school camps. Please know that I and all the staff of Rural Resources will make every possible effort to assure the safety and health of your child while attending Farm Day Camp.

Campers should bring the following items on Monday and leave them for the week:

- ✓ Bathing suit
- ✓ Water Bottle
- ✓ Hat
- ✓ Extra shoes for creek with toe protection Please, NO sandals.
- ✓ Towel for drying off after a creek dip
- ✓ Rain gear

In addition...

- ✓ Pack a sack lunch each day (except pre-schoolers)
- ✓ Remember! All clothes that campers wear or bring should be clothes that may get dirty.

Please contact us anytime if you have questions at 636-8171/info@ruralresources.net.

Sincerely,

Nick Baumann, Farm Day Camp Coordinator

Reminder! Remainder of Farm Day Camp fee is due 2 weeks before your child's camp begins!

If not available for an Emergency, Please Notify:

1) Name _____ Phone (____) _____
2) Name _____ Phone (____) _____

Preferred Medical Facility:

Health History (check all that apply): Frequent ear infections _____ Heart Condition _____ Diabetes _____
Bleeding /Clotting Disorder _____ Asthma _____ Hypoglycemia _____

If any above are checked, please print or attach all relevant information, which may be needed by a medical practitioner.

Are there any other medical conditions that the staff of Rural Resources Farm Day Camp should be aware of during your child's stay at Farm Day Camp _____

Circle if camper is allergic to any of the following: INSECTS FOOD ANIMALS PLANTS MEDICINES
OTHER _____

If any items were circled or listed, please specify the cause of the allergy, signs of the allergic response and the treatment given: _____

Name of family physician _____ Phone (____) _____

Is there any other information about your child that you would like the staff of the Rural Resources Farm Day Camp to be aware of in order to give your child a personal and quality Farm Day Camp experience? _____

Do you carry family medical insurance? YES NO If so, indicate:
Name _____
policy number _____
carrier _____

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted above.

Signed _____ Date _____

MEDICAL AUTHORIZATION AND RELEASE/PHOTO RELEASE

Should my child sustain or incur any accident or illness while attending programs sponsored by the Rural Resources Farm Day Camp, and attempts to contact myself or emergency contacts fail, I hereby authorize the Rural Resources Farm Day Camp staff to execute any and all documents on my behalf including necessary releases, which might be required by a medical facility to perform emergency care. I understand that Rural Resources may use photographs and/or video tapes of my child for public relations.

Signed _____ Date _____