

Camp Registration & Health Form (2 pages)

Camper Name _____ Birthdate _____ Male ___ Female ___ T-shirt size _____

PARENT/GUARDIAN (Primary Contact)

Name _____ Relationship _____

Email _____ BEST Phone Number _____ Alt. Phone _____

Home Address _____

City _____ State _____ Zip _____

We want to ensure that your camper is safe! By listing someone as a guardian or emergency contact below, you are acknowledging consent to release your child to this person at pick-ups each day. Please be aware that we require campers to be signed in and signed out by their guardian, and we do not allow drop-offs in the driveway.

SECOND PARENT/GUARDIAN

Name _____ Relationship _____

Email _____ BEST Phone Number _____ Alt. Phone _____

Home Address (If different from primary contact) _____

City _____ State _____ Zip _____

EMERGENCY CONTACT (if different from contacts above)

Name _____ Relationship _____

Email _____ BEST Phone Number _____ Alt. Phone _____

Home Address (If different from primary contact) _____

City _____ State _____ Zip _____

No Pick-Up List : We are aware that there may be some individuals who you do not want to pick up your child. If so, please list them below. Please let us know if you have any additional questions or concerns.

Name _____ Relationship _____

Name _____ Relationship _____

Pick-up/Drop-Off ONLY (Please list any additional neighbors, friends, or relatives that may be permitted to pick up or drop off your child, if not listed above. People on this list will not be contacted in case of an emergency.)

Name _____ Relationship _____

Name _____ Relationship _____

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 (____) _____

Do you carry family medical insurance? _____ If so, indicate name and policy number and carrier.

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?

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

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 contact 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.

Signed _____ Date _____

PHOTO RELEASE

I authorize Rural Resources to have, use, publish, and reproduce photographs, slides, moving pictures or television video tapes for its records, website, social media and public relations materials.

Signed _____ Date _____

Farm Day Camp Registration Form

Camper's Name: _____ Age: _____ Birth Date: _____

Male ___ Female ___

Name of parent(s)/Guardian: _____

Address: _____

Phone: _____

Email: _____

Circle the week	Full price	Deposit	
Lil Sprouts Ages 4 – 6 M-F 9am-Noon June 3-7, 2024 June 17-21, 2024	\$110.00 \$ 88.00 (sibling same week)	\$55.00 \$44.00	\$ _____
Explorers Ages 6 – 10 M-F 9am-3pm June 10-14, 2024 June 24-28, 2024 July 14-19, 2024	\$195.00 \$156.00 (sibling same week)	\$97.50 \$78.00	\$ _____

TOTAL \$ _____

FOR OFFICE USE ONLY:
CONFIRMATION SENT Y N
PAID CASH / ONLINE / CHECK # _____
FORMS SUBMITTED Y N