

## 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	
<b>4&amp;5 Year olds M-F 9-Noon</b> June 5-9: Little Sprouts camp July 10-14: Little Sprouts camp	\$90.00	\$45.00	\$_____
<b>Grades 1-3 M-F 9-3</b> June 12-16: Farm Explorers June 26-30: Farm Explorers	\$150.00	\$75.00	\$_____
<b>Grades 4-6 Discover Natural Resources</b> July 17-21: Discover Natural Resources	\$225	\$112.50	\$_____

TOTAL \$\_\_\_\_\_

**FOR OFFICE USE ONLY:**

CONFIRMATION SENT  Y  N

PAID CASH / ONLINE / CHECK # \_\_\_\_\_

FORMS SUBMITTED  Y  N