

Little Brook Farm
Camp 2018
REGISTRATION AND PERMISSION FORM

1st Child's Name: _____ Age: _____

2nd Child's Name: _____ Age: _____

Address: _____

Parent's Name(s) _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

I (we) the parent's or legal guardian of _____ would like to register my (our) child for :

_____ **April Vacation Camp Week April 16-20 cost \$250 per week**

_____ **Summer Camp Week 1 June 25-June 29 cost \$250 per week**

_____ **Summer Camp Week 2 July 9-13 cost \$250 per week**

_____ **Summer Camp Week 3 July 16-20 cost \$250 per week**

I (we) certify that I (we) are fully aware of and understand the inherent dangers in participating in activities involving agriculture and farming.

I (we), am signing this release in full knowledge that the camp is, by its nature, a strenuous activity in an outdoor environment. I (we) fully realize that agriculture/ farming (as well as other outdoor activities) is a difficult activity which frequently includes strenuous exercises, along with associate dangers.

I (we) agree that the camp staff and all persons connected with Little Brook Farm has observed all reasonable precautions in providing care and protection of my (our) child. I (we) further agree to absolve Little brook farm, Kristen Whittle, the camp staff and all others associated with this camp from any liability for accident or illness, which may be incurred for the duration of this program.

Any pictures taken of my (our) child in connection with said camp may be used by the camp directors for publicity or promotion without compensation at this or any other time.

I (we) also give permission for staff to make decision for medical treatment in the case of an emergency for my child in the event I cannot be reached. I (we) give permission for staff to arrange for transport by ambulance if deemed necessary to the nearest medical facility.

I (we) have read, understand and fully informed myself of the contents of this agreement.

A \$50 non –refundable deposit is due upon registration.

Date: _____ Parent Signature: _____

Total Due: _____	Deposit: _____	Balance paid: _____
Date paid: _____	Directors signature _____	