

LITTLE BROOK FARM CAMP REGISTRATION AND PERMISSION FORM

Child name (1) _____ Age _____

Child name (2) _____ Age _____

Address _____

Parent name(s) _____ / _____

Phone (home) _____ (work) _____ (cell) _____

Email address _____

As the parent(s) or legal guardian(s) of the child(ren) named above, I would like to register my child(ren) for the following week(s) of camp:

Desired camp session date(s) _____

As a parent or guardian, by registering my child(ren) and signing this form, I, the undersigned:

- Acknowledge and understand the inherent dangers in participating in activities involving agriculture and farming.
- Acknowledge that the camp is, by its nature, a strenuous activity in an outdoor environment and that agriculture/farming and other outdoor activities can be physically demanding and may include strenuous exercise along with the associated dangers.
- Agree that camp staff and all persons connected with Little Brook Farm have observed all reasonable precautions in providing care and protection of my/our child. I further agree to absolve Little Brook Farm, Kristen Whittle, 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.
- Grant permission for any pictures or videos of my child taken at camp to be used exclusively for camp publicity or promotion without compensation, now or in the future.
- Give permission for staff to make decisions regarding medical treatment in the case of an emergency for my child in the event I cannot be reached. I grant permission for staff to arrange transport by ambulance to the nearest medical facility if deemed necessary.

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

A \$50 non-refundable deposit is due upon registration, payable online or by check.

DATE PARENT/GUARDIAN SIGNATURE(S)

INSURANCE COMPANY POLICY NO.

LITTLE BROOK FARM 334 RUSSELL STREET, SUNDERLAND, MA 01345 / 413-665-3802 / KRISTEN@LITTLEBROOKFARM.COM

ADMINISTRATIVE USE ONLY

TOTAL DUE \$ _____ DEPOSIT \$ _____ BALANCE PAID \$ _____

DATE PAID \$ _____ DIRECTOR SIGNATURE _____