

# Little Brook Farm Camp 2019

## REGISTRATION AND PERMISSION FORM

1<sup>st</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

2<sup>nd</sup> 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 :

\_\_\_\_\_ **February Vacation Camp Week February 18-22 cost \$250 per child per week**

\_\_\_\_\_ **April Vacation Camp Week April 15-19 cost \$250 per child per week**

\_\_\_\_\_ **Summer Camp Week 1 June 24-June 28 cost \$250 per child per week**

\_\_\_\_\_ **Summer Camp Week 2 July 1-5 cost \$250 per child 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 per child per week is due upon registration.**

Total Due: \_\_\_\_\_ Deposit: \_\_\_\_\_ Balance paid: \_\_\_\_\_

Date paid: \_\_\_\_\_ Directors signature \_\_\_\_\_