

Farm Day Camp Registration/
Health Form

Camper's Name: _____ Age _____

SS# _____ Male__ Female__ Birthdate _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____ (c) _____ (w)

e-mail: _____

Full & partial scholarships are available. Call 636-8171.

	Circle the week	full price	deposit	
Pre-School Camp (4&5yr olds)	June 14-18			
	June 28-July 2	\$ 80	\$35	\$ _____
Junior Camp (1 st to 3 rd graders)	May 31- June 4			
	June 21-25			
	July 12-16			
	July 26-30	\$150	\$75	\$ _____
Discovery Camp (4 th to 6 th graders)	June 7-11			
	July 19-23	\$170	\$85	\$ _____

Farm Day Camp fee includes a Tshirt! Please provide your child's size!

Child S__ M__ L__ Adult S__ M__ L__

Rural Resources Membership \$35/\$20/\$100 \$ _____
(More information may be found inside this newsletter)

Family Membership discount -\$ 5 \$ _____

Business Membership discount -\$ 10 \$ _____

Donation Farm Day Camp Scholarship Fund \$ _____

TOTAL \$ _____

If not available for an Emergency, Please Notify:

1) Name _____ Phone (____) _____

2) Name _____ Phone (____) _____

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/PHOTO 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. I understand that Rural Resources may use photographs and/or video tapes of my child for public relations.

Signed _____ Date _____