

Summer Day Camp Registration Form

Pine View Farm Fun

Camper Info

Name: _____ Age: _____

Address: _____

Phone#: _____

Week Selected: _____

Emergency Contact Information

Contact Person: _____

Relation to Camper: _____

Phone#: _____ Work#: _____ Cell#: _____

Secondary Contact Person: _____

Relation to Camper: _____

Phone#: _____ Work#: _____ Cell#: _____

Person responsible for pick up and drop off of Camper: _____

Allergies/Reactions:(food, insects, bees, medication, etc.) _____

Medications taken on a regular basis: _____

Physician's Name and Phone#: _____

In the event of an accident or if your child becomes ill, we will notify whoever is listed on this form above, in that order. If we are unable to contact anyone and we feel that your child needs medical assistance, do you give us permission to seek medical help? YES _____ NO _____

I hereby agree that I shall indemnify and hold harmless Pine View Farm Fun against any liability for all claims and damages to property or person arising out of/or resulting from the conduct and activities of the camper, and representatives during Summer Day Camp.

Parent/Guardian Signature: _____ Date: _____