



Activity Day Registration Form



Instructions: Please email or fax the completed form to events@alstedefarms.com or 908-879-7815.

Activity: _____ Payment method:

Child Information

Name:
Birthday and age:
Parent/Guardian name:
Home address:
City, State, ZIP:

Parent/Guardian Information

Name:
Cell Phone: Home Phone:
Work Phone: Email:

Emergency Contact Information

Name:
Address:
Phone Number:
Relationship:

Allergies/Conditions and Medication Information



Activity Day

Medical Release Form



To any physician, surgeon, nurse, hospital or all other medical personnel or institution that is furnishing medical care, medical treatment or other medical or related services to _____ (child's name) or considering doing

so:

I/We _____ (parents, legal guardian legal conservator, trustee) give Alstede Farms, LLC and/or their representatives permission to make decisions and to give authorization regarding _____ (child's name) physical or medical care and consent to the administration of anesthetics and to performance of any emergency operation upon _____ (child's name) at any licensed medical facility, and I/we request that you abide by all such decision and instruments, further, any person including with limitation, Alstede Farms LLC and/or their representative, making decisions or exercising authority hereunder shall have no liability except gross negligence. I/we wish to be notified as soon as reasonably possible of any such treatment.

_____ (child's name) is covered by the following insurance:

Name of insurance company: _____

Policy number: _____

Doctor's name: _____ ; Doctor's phone number: _____

This authorization and consent will be effective for the following period:

___/___/___ through ___/___/___ unless terminated by contrary written instructions. I hereby waive any claim I/we might otherwise have against you for abiding by this authorization and consent after it has been terminated if you acted with personal knowledge of such termination.

Parent/Guardian signature: _____