



fresh discoveries

Farm Camp

Registration Form



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

Camp session 1 2 3 Payment method:

Camper Information

Name:

Birthday and age:

Parent/Guardian name:

Home address:

City, State, ZIP: T-Shirt Size:

Parent/Guardian Information

Name:

Cell Phone: Home Phone:

Work Phone: Email:

Emergency Contact Information

Name:

Address:

Phone Number:

Relationship:

Allergies/Conditions and Medication Information

Full payment due at registration. Full refunds less \$25 processing fee for cancellations for up to 2 weeks prior to camp start date. No refunds after 2 weeks prior to camp start date.

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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: _____