



Summer Day Camp 2014

Registration and Release Forms for week(s): 1 2 3 4

Camper's First Name: _____	Last Name: _____		
Date of Birth: ____/____/____	Grade (Fall 2014): _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent(s)/Guardian(s) Full Names: _____			
Home Address: _____	City: _____	State: _____	Zip: _____
Home Phone: (____) _____ - _____	Email: _____		
Parent/Guardian's Cell: (____) _____ - _____	Other Parent/Guardian's Cell: (____) _____ - _____		

Camper Buddy Request: *Campers are only assigned to the same group if both campers request each other. One buddy request per camper, please.* I would like to request that my camper be grouped with: _____

Transportation Authorization: *Parents/Guardians must give advance written permission to Riley's Farm if they desire anyone other than themselves to transport campers off the property. Adults **MUST** have current picture ID ready at time of camper check out.*

I hereby grant authorization for my child to be picked up from camp by the following person(s):

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Emergency Contact Information

In case the parent(s)/guardians(s) cannot be reached in an emergency, please notify the following individual:

Name: _____ Relationship: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Camper's Health History and Screening

Camper health and medical information needs to be made known to Riley's Farm for your child's safety. Be advised that camp personnel will hold this information in strict confidence. Please list all known allergies. Describe reaction and management of the reaction.

Medical allergies: _____

Food allergies (or special dietary needs): _____

Other allergies (including insects, hay fever, asthma, animals, etc.): _____



Camper's Health History (continued)

Has your camper experienced any of the following? Please circle any applicable items.

- Recent injury, illness, or infectious disease
Chronic or recurring illness
Frequent headaches
Frequent ear infections
Seizures
Diabetes
Fainting/Loss of consciousness
ADHD/ADD
Eating Disorder
Depression or anxiety
Sleep problems/Insomnia
Psychiatric treatment
Bed wetting (recent)
Respiratory problems
Frequent nosebleeds

Please explain any circled items from above:

Are there any other medical conditions or restrictions that we should be aware of?

Medications: List all medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and frequency of administration. Please do not take your child off of regular medicines while at camp unless instructed to do so by the child's physician.

Medication 1: Dosage:

Specific times to be taken each day:

Medication 2: Dosage:

Specific times to be taken each day:

Date of your camper's most recent tetanus shot: / /

Health Insurance: (if applicable)

Carrier: Group ID#:

Primary Care Physician: Phone: () -

Family Dentist/Orthodontist: Phone: () -



Media/Photography: *(Select one box below. If you check "I do not" your child will be excluded from the group photo.)*

I do **I do not** give my permission for Riley's Farm to use any and all photographs, video, or interviews taken at camp to be used to illustrate, report, promote, and/or advertise Riley's Farm. Permission defaults to Riley's Farm if a choice is not indicated.

Pond/water activities authorization: *(Select one box below. If you check "I do not" your child will be not be allowed to swim, splash, swing over, or play in the trout pond.)*

I do **I do not** give my permission for my camper to engage in pond/water activities while at Summer Day Camp at Riley's Farm, including swimming, splashing, rope swing, and other methods of water play.

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE:

The health history noted earlier in this document is true, correct, and complete as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I understand that, due to the nature of the activities and the environment in which they are performed, there is a risk of injury. Risk of injury in camp activities may include, but is not limited to: swimming, hiking, tomahawk throwing, and archery. I understand that Riley's Farm has taken extensive safety measures, including the certification of select staff in First Aid, CPR/AED, Food Handling, and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that Riley's Farm cannot ensure or guarantee that the participants, equipment, grounds, and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Riley's Farm from all liability for any injury to the camper. I understand that my child's eligibility for attendance at Summer Day Camp is conditional upon the child's health and proper behavior, and that the camp staff will notify me if my child becomes ineligible due to illness or misbehavior. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Riley's Farm.

I give permission to the camp staff to (1) administer the camper's routine medications, as needed medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician(s) or hospital if condition warrants. In the event I cannot be reached in an emergency, I give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation of records during an emergency and for Riley's Farm's office.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Camp Director: _____ **Date:** _____