Summer Day Camp

2016 Registration and Release Forms

Camper Information

First Name:_____ **Last Name:**_____

Date of Birth: _____/_____/_____ **Grade (Fall 2016):** _____ □ **Male** □ **Female**

Physical Address: _____

City:_____ **State:**_____ **Zip:** _____ **Email:** _____

Please circle the session(s) your camper will attend:

June 13-17 **June 20-24** **June 27-July 1**

Emergency Contact Information

Parent/Guardian Name: _____ CA DL/ID#_____

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

Parent/Guardian Name: _____ CA DL/ID#_____

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

Transportation Authorization

Parent/guardian must give advance written permission to Riley's Farm if they authorize anyone other than themselves to transport campers off the property. Adults **MUST** present current, valid picture identification that matches an individual named below at time of camper release. Any adult listed below is approved to transport *only* the child described on *this* registration form.

Name _____ Name _____ Name _____

CA DL/ID#_____ CA DL/ID#_____ CA DL/ID#_____

Alternate Emergency Contact Information

In case the parent(s)/guardians(s) cannot be reached in an emergency, please contact this alternate:

Name: _____ Relationship: _____

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

CA DL/ID#_____

Health History and Screening

Please list all known allergies and describe the reaction (and management of the reaction).

Medical allergies: _____

Food allergies (or special dietary needs)**:**_____

Other allergies: _____

Has /does 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 of which we should be aware? _____

_____

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

Medications at Camp

List all medications (including over-the-counter or non-prescription drugs) to be administered by our Health Supervisor during camp. When you bring the medication to 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. If your child routinely takes more than two medications, provide a complete list on a separate sheet, and make note of any medications your camper is authorized to self-administer.

Medication: _____Dosage: _____Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Asthmatics: (please **initial one** if applicable)

_____ I give my child permission to carry an inhaler to self-administer for asthma related incidents.

_____ I prefer that the camp personnel keep my child's inhaler and help him/her determine when it is needed.

Physician Information and Health Insurance

Primary Care Physician: _____ Phone: (_____) _____-_____

Insurance Carrier: _____ Group ID#: _____

LIABILITY, HEALTH, EMERGENCY, BEHAVIORAL AND MEDIA RELEASE:

The child 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. Camp activities that carry a risk of injury may include, but are not limited to: 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 of 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 transportation to and from camp (and any liability thereof) is the responsibility of the parent/guardian of the camper, and not that of Riley's Farm, nor any of its employees, staff, associates or family members.

I understand that, in order to promote the health and wellness of all participants and staff of Riley's Farm Day Camp, a child's eligibility for participation in said camp is conditional upon the child's health. I therefore understand that there will be an initial health screening for all children attending Day Camp on the first day of Camp, and subsequent days as needed. In addition, 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 as reasonably warranted; (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 that Riley's Farm is unable to contact any emergency contacts listed in this document, I give 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. In the event that my child becomes ill or otherwise unhealthy enough to warrant dismissal from Day Camp, Riley's Farm will notify me and I acknowledge and accept all responsibility to sign out and transport said child off Riley's Farm premises within one hour of notification.

I understand that Riley's Farm has a determined set of behavioral conditions that must be adhered to by all Day Camp attendees, and that Riley's Farm reserves the right to pursue reasonable disciplinary action should any of those conditions be violated, up to and including dismissal of a child from Day Camp without tuition refund. In the event of the dismissal of a child from Day Camp, whether for the day, week, or permanent ineligibility, Riley's Farm will notify me, and I acknowledge and accept all responsibility to sign out and transport said child off Riley's Farm premises within one hour of notification.

I understand that Riley's Farm captures photographic and video footage of its programs and functions, and thereby, patrons, for the purpose of promoting said programs and functions. I also understand that Riley's Farm occasionally conducts verbal or written interviews with its patrons for the same purpose. I further understand that the person described above in this form may be included in said photography, video, and/or interviews. My signature below indicates 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.

I understand that my signature below is required for my camper(s) to be eligible to attend Riley's Farm Summer Day Camp. I hereby declare that everything in this document is true, accurate and complete to the best of my knowledge, and that I agree to all terms and conditions set forth herein.

Signature of Parent/guardian: _____ Date:_____

Printed Name of Parent/guardian:_____ Valid DL#_____

Signature of Camp Director: _____ Date:_____

Printed Name of Camp Director:_____