



2017 Camp Programs Registration Form

Camper Information: Date: _____

Camper Last Name: _____ Camper First Name: _____

Home Address: _____ City, State, ZIP : _____

Home Phone: _____ Age when attending camp _____

Parent Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact : _____ Phone: _____

E-mail Address: _____

Circle the preferred camp and week for attendance:

- Farm Camp:** July 10 thru 14
- Farm Camp:** July 17 thru 21
- Future Farmers Gardening Camp:** July 24 thru July 28
- Future Farmers Gardening Camp:** July 31 thru Aug. 4
- Future Farmers Gardening Camp:** Aug. 7 thru Aug. 11

T-Shirt Size (Circle One): Child Small, Child Medium, Child Large

I give Terhune Orchards permission to use any photographs of my child for publications or promotions.

Parent Signature _____
Print Name

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Important Information

Registration: Payment for the **entire** registration fee of **\$325 is due with receipt of the registration form.** (Payment accepted by cash, check or credit card)
Cancellation policy: If request is received (required in writing) less than one month prior to the start of session, refund will be issues only if another camper fills the space. There will be a \$50 non-refundable administration for all cancelations.

Credit Card Account #: _____ Expiration Mo/Yr: _____

Street/house # _____ Zip code _____ CVV # _____

Check enclosed: _____



Medical Forms

Dear Parents,

This **Medical Form, Hold Harmless Form , Current Health Record and Immunization Records from your pediatrician** must accompany registration forms.

Records: New Jersey state law requires that campers submit a current health record and immunization record each year; please provide written documentation if your child is not vaccinated for medical or religious reasons.

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Camper's Name: _____

Parent Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact : _____ Primary Phone: _____

Relationship to Camper: _____

Insurance Company: _____ Insurance Policy Number : _____

Doctor's Name in case of emergency: _____ Phone #: _____

Does the camper have any allergies (food, medicines, bee stings) or medical conditions (severe asthma, etc.)?

Please list: _____

Note: Staff of Terhune Orchards is not able to administer medications during camp.



HOLD HARMLESS FORM

AUTHORIZATION FOR PEDIATRIC EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT EXPLANATION

For the safety of Children, sound medical practice calls for this authorization. In emergencies, where the Parent/Legal Guardian or Emergency Contact of the Child cannot be reached - this form will be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made first to contact the Parent/Legal Guardian or Emergency Contact.

I hereby give my permission for my Child to attend Terhune Orchards "Summer Camp at the Farm" or "Future Farmers Gardening Camp." The Child herein described has permission to engage in all prescribed camp activities except as noted.

I hold harmless Terhune Orchards, and their employees, agents, servants and volunteers from all risk, liability, injury, damage and loss to all persons and property which may occur to my child during or resulting from participation in the program.

I hereby authorize Terhune Orchards to take measures in the event of a medical emergency. I hereby give permission to the medical personnel selected by Terhune Orchards to order X-rays, routine tests, treatment, and necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the Physician of the hospital selected by Terhune Orchards to secure treatment, including hospitalization, for my Child as named above. **The Terhune Orchards staff cannot assume any responsibility for administering any medication to children.**

Parent/Legal Guardian's Signature:

Signature

Date