



## 2018 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: \_\_\_\_\_

Check preferred camp and week for attendance:	Week	Before Care: 8am-9am
<b>Farm Camp:</b> July 9 thru 13	<input type="checkbox"/> \$345/Week	<input type="checkbox"/> \$25/ week
<b>Farm Camp:</b> July 16 thru 20	<input type="checkbox"/> \$345/Week	<input type="checkbox"/> \$25/ week
<b>Farm Explorers Camp:</b> July 23 thru July 27	<input type="checkbox"/> \$345/Week	<input type="checkbox"/> \$25/ week
<b>Farm Explorers Camp:</b> July 30 thru Aug. 3	<input type="checkbox"/> \$345/Week	<input type="checkbox"/> \$25/ week
<b>Farm Explorers Camp:</b> Aug. 6 thru Aug. 10	<input type="checkbox"/> \$345/Week	<input type="checkbox"/> \$25/ week

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

.....  
**Important Information**

*Registration:* Payment for the **entire registration fee 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: \_\_\_\_\_

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