



Farm Day Camp 2008 Registration Form

Return packet to Old Baker Farm, 1041 Farmingdale Road, Harpersville, AL 35076
(205) 672-7209

Name of Child _____ Sex _____ Age _____ Date of Birth _____

T-shirt size (please circle one) YS YM YL AS AM AL

Mothers Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell/Pager _____

Father's Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell/Pager _____

Home E-Mail Address _____

Party responsible for payments _____

(Please attach a copy of driver's license)

Emergency Contacts (must list at least two)

Name Relationship to Child Home Phone Work/Cell/Pager

MEDICAL INFORMATION

Physician's Name _____ Phone _____

Emergency Medical Facility Preferred _____

Is the camper on any medications? _____ If so please list: _____

Please Note: In order for the Old Baker Farm to administer any medication it must be:

1. In the original prescription bottle from the pharmacy.
 2. Given to the counselor at the drop off. **NOT** given through the child.
 3. Sent with written instructions on how to administer the medication.
- Farm staff CAN NOT administer any medicines under any other circumstances.**

Medical Conditions _____

Allergies (i.e. poison ivy, poison oak, bee stings, ant bites. . .) _____

Name of Insurance Company _____

Policy Number _____ Group Number _____

MEDICAL RELEASE STATEMENT

All medical information written herein is correct as far as I know and my child has my permission to participate in all described and advertised camp activities. In the event I cannot be reached in an emergency, I hereby grant permission to the physician/facility selected by the Old Baker Farm to secure proper treatment for, and including but not limited to, injections, anesthesia, and surgery for my child. I agree to pay the medical fees and do understand that the Old Baker Farm does not provide accident insurance.

Parent Signature _____ Date _____

(continued on back)

CHILD PICKUP AUTHORIZATION

Your child will be released from the Old Baker Farm only to persons you have authorized in writing. List the names of people who have permission to assume custody of your child at the end of the camping day. If someone other than those listed below are to assume custody of your child, the Old Baker Farm must be notified in writing 24 hours prior to release of the child.

| | | |
|--------------|-------------|-----------------------|
| Parent _____ | Phone _____ | Work/Cell/Pager _____ |
| Parent _____ | Phone _____ | Work/Cell/Pager _____ |
| Other _____ | Phone _____ | Work/Cell/Pager _____ |
| Other _____ | Phone _____ | Work/Cell/Pager _____ |
| Other _____ | Phone _____ | Work/Cell/Pager _____ |

Please list anyone who is NOT allowed to pick up your child _____

STATEMENT OF MARRIAGE AND CHILD CUSTODY

The parents of _____ (child's name) are ____ married ____ divorced. If divorced, child custody has been awarded to _____.

It is the responsibility of the parent to notify the Old Baker Farm of any change in guardianship of the child. Dual guardianship is assumed. The child will be released to either parent unless the Old Baker Farm is notified in writing, supported by necessary documentation, of change in guardianship.

DISCIPLINE POLICIES

Discipline at the Old Baker Farm Day Camp has the goal of eliminating unacceptable behaviors in a firm, caring way, and helping the camper understand acceptable social skills. If a child is acting inappropriately, we will (1st offense) ask them to calm down, (2nd offense) have them not participate in that current activity, (3rd offense) have them sit out their next activity, (4th offense) call parents to come pick their child. If a child is asked to leave the camp, the cost will not be refunded.

NON-DISCRIMINATION POLICIES

The Old Baker Farm prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, and marital or financial status.

RELEASE STATEMENT

We release and absolve the Old Baker Farm and employees of the Old Baker Farm from any and all liability for accidents or injuries on the properties of said site. We are aware that all fees paid are non-refundable and agree to pay the total fees prior to the first day of the camp session for which my child is enrolled. The Old Baker Farm may use any photographs, slides, and video taken of our child for publicity or training purposes. Furthermore, I have read and agree to all of the policies stated in this packet.

Parent/Guardian Signature: _____ Date: _____

CAMP REGISTRATION

| <input checked="" type="checkbox"/> | DATES | COST | |
|-------------------------------------|--|-------------------------|-----------|
| | June 2-6, 2008 | \$200 | TOTAL DUE |
| | June 9-13, 2008 | \$200 | |
| | Extended child care (before 7am or after 5pm) | \$25 per hour/per child | |
| | Overnight Campout Adventure (June 6) | \$50 per person | |