



# 2011 SNIPES FARM DAY CAMP REGISTRATION FORM

Please fill out one form per camper

Name of camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**My child will be attending (check appropriate box(es)):**

- |  |  |
|--|--|
| <input type="checkbox"/> Week One: June 27 <sup>th</sup> -July 1 <sup>st</sup> \$250 | <input type="checkbox"/> Week Four: 18 <sup>th</sup> -22 <sup>nd</sup> \$250 |
| <input type="checkbox"/> Week Two: July 5 <sup>th</sup> -8 <sup>th</sup> \$200       | <input type="checkbox"/> Week Five: 25 <sup>th</sup> -29 <sup>th</sup> \$250 |
| <input type="checkbox"/> Week Three: 11 <sup>th</sup> -15 <sup>th</sup> \$250        |  |

I give Snipes Farm and Education Center permission to use any photographs or video footage of my child for any promotional or other legitimate reason.  YES  NO

I am interested in Extended Care:  Before camp  After camp  Before and after camp

Sibling discount 5%

Amount enclosed: \_\_\_\_\_

**Please send the registration form and a \$50 deposit to:  
Snipes Farm and Education Center 890 W. Bridge St. Morrisville, PA 19067**

**PARENT/ GUARDIAN /EMERGENCY CONTACT: Please indicate relationship of contacts to person named above.**

**Primary Contact Relationship:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

**Secondary Contact Relationship:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

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**MEDICAL & INSURANCE INFORMATION:**

Allergies (including food) \_\_\_\_\_

Medications being taken \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family doctor Phone (    ) \_\_\_\_\_ Medical insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Is this an HMO? \_\_\_\_\_

Member's name: \_\_\_\_\_ Prescription plan and # (if applicable) \_\_\_\_\_

I give permission for my above-named child to participate in Snipes Farm Day Camp activities, of Snipes Farm and Education Center. I am fully aware of and appreciate the risks including the risk of catastrophic and permanent injury that may possibly attend such activities. I hereby release the Snipes Farm and Education Center, their staff and volunteers, from liability for any illness, accident or injury that my child (or I) may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination or other diagnostic scan; medical, dental or surgical diagnosis; treatment including hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital; and consultation with a mental health professional. I will assume financial responsibility for treatment rendered during this time. If treatment is rendered to my child, I expect to be contacted as soon as possible. I will not hold Snipes Farm and Education Center or Snipes Farm responsible for the payment of any bills incurred because of illness, accidents or injuries to my child (or myself if age 18 or older). I agree to indemnify and hold Snipes Farm and Education Center and Snipes Farm harmless for any loss or expense occasioned by the treatment of my child or myself. I represent that I am authorized to execute this waiver/release on behalf of all the child's parents and/or guardians.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_