



The LEAFF Program at SFEC Registration Form

Please Fill out all pertinent information for each individual child.

Student's Name

Gender

Address

City

State

Zip

Grade Level

Please Specify:

Parent/Guardian 1
Name

Email

Home Phone

Cell

Work

Parent/Guardian 2
Name

Email

Home Phone

Cell

Work

Emergency Contact
Name

Phone

Any diet restrictions?

Any activity restrictions?

Any Allergies?

Over the Counter (OTC) Medications

Please circle Yes or No if you allow us to provide for your child in case of injury:

Band Aids Yes/No

Ice Yes/No

Neosporin Yes/No

Tecnu (for exposure to poison ivy) Yes/No

Topical Insect Bite Cream Yes/No

Any understanding, suggestions, or strategies you can provide us regarding your child's circumstance to help him/her navigate camp successfully.

Primary Care Provider

Phone

Address

Snipes Farm and Education Center Parent/Guardian Agreement - Camper

This application is made and accepted in accordance with the provisions of Snipes Farm and Education Center (SFEC) registration and cancellation policies. I certify that my child's current physical condition is satisfactory for participating...

X

Parent Signature

Snipes Farm and Education Center Photo Release

I give permission to Snipes Farm and Education Center to use any photographs or video footage of my child for any promotional or other legitimate reason.

X

Parent Signature

Snipes Farm Permission to Apply First Aid

I give my permission for camp staff to apply basic first aid techniques as needed, which may include ice, band-aids, Antibiotic cream, Tecnu (for exposure to poison ivy) and topical, over the counter, anti-itch and insect bite/bee sting medications.

X

Parent Signature

I will notify Snipes Farm and Education Center of any illness my child is experiencing and will notify us of any exposure to a confirmed case of Covid-19 or travel to a "hot-spot" area. Child's temperature may be taken daily upon arrival to After School program.

X

Parent Signature