



# SUMMER CAMP REGISTRATION FORM

To reserve a spot for your child, please call Susan Muller at 530-902-5251

Fill out and return registration form with payment – one form per camper

Confirmation email will be sent within one week of receiving payment

Please review our cancellation policy below

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Grade in fall 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/Parent/Guardian #2 \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please circle camp dates: June 28-July 2 July 19-23 August 16-20 TOTAL AMOUNT DUE: \_\_\_\_\_

**All camps are Monday through Friday 8:30am- 1:30pm All camps are \$175 / week**

**A deposit of \$75 is required to secure a spot in our camp. Balance is due on the first day of camp.**

**Cancellations 3 weeks prior to start date will be refundable.**

**Payment:** Enclose a check made out to: *Rogue Valley Farm to School* Amount enclosed \$ \_\_\_\_\_

**Health form & dietary restrictions:** Please list any health concerns or dietary restrictions (asthma, allergies, etc.). Please list medication(s), when taken, and purpose(s). Use back of form if necessary.

**Behavior & learning concerns:** Please describe any behavior/learning concerns (ADD, hyperactivity, etc.). Use back of form if necessary.

**Medical Release:** I give my permission for Rogue Valley Farm to School staff to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Rogue Valley Farm to School, its officers and employees, harmless from claims of losses for any bodily injury or property damage, which occurs or is alleged to have occurred as a result of negligence of participant.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** Rogue Valley Farm to School has my expressed permission to use any photographs that may include my child in their publication materials or communications.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed registration form and payment to: Rogue Valley Farm to School • P O Box 898 • Ashland, OR**