

2019 Summer Camp Registration Form



CATALYSTFARM

Camp is run Monday-Friday from 9:30-12:30 and is geared towards children of all abilities, ages 3-10. The cost is \$300 per week and payment must be made at the time of registration in order to reserve your spot. Fees are fully refundable up to one week prior to camp. Cancellation less than one week prior to the start of camp will result in a cancellation fee of \$50.00. A sibling discount of 10% off will be applied to the registration for each additional child. Please note, there is a minimum of 4 campers required for each week and a maximum of 8.

Please place a check next to camp week for which you would like to register

June 10-14 June 17-21 June 24-28 July 1-5 (no camp July 4th; \$275 for week)

July 8-12 July 15-19 July 22-26 July 29 - August 2 August 5 - 9

Camper Information

Parent Name(s): _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Camper 1

Name: _____ Age: _____ Diagnosis, if applicable: _____

Allergies: _____

Precautions: _____

Shirt Size: _____

Camper 2

Name: _____ Age: _____ Diagnosis, if applicable: _____

Allergies: _____

Precautions: _____

Shirt Size: _____

Camper 3

Name: _____ Age: _____ Diagnosis, if applicable: _____

Allergies: _____

Precautions: _____

Shirt Size: _____

Names of individuals allowed to pick child(ren) up from camp:

1: _____ 2: _____ 3: _____

4: _____ 2: _____ 3: _____

Authorization for Emergency Medical Treatment



Child(ren)'s Names: _____

Preferred Physician's Name: _____ Phone #: _____

Preferred Medical Facility: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, and the above cannot be reached, I authorize Catalyst Farm to:

1. Secure and retain medical treatment and transportation, if needed
2. Release participant records upon request to the authorized individual or agency involved in medical emergency treatment.

CONSENT PLAN

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is/are unable to be reached.

Consent Signature: _____ Date: _____
Parent or Legal Guardian

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event that emergency treatment/aid is required, I wish the following procedure take place:

Non-Consent Signature: _____ Date: _____
Parent or Legal Guardian

