



Farmstead Adventure Camp Registration Packet

Mail this Registration Packet with payment (Full Week: \$435 & 3-Day: \$310) to:
Fulper Family Farmstead
23 Reid Road, Argyle, NY 12809

Participant's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

E-mail _____ How did you hear about us? _____

In case of emergency, contact _____ Phone _____

Participant T-shirt size (circle one): Children size: XS S M L XL

OR Adult size: XS S M L XL

Circle selected week(s): July 9th July 16th July 23rd July 30th August 6th August 13th

Medical History

Please specify any health concerns, allergies, physical activity restrictions, or other information you want the director or counselors to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs and current prescribed medication:

Family Medical and Hospitalization Coverage

Name of Insurance Company _____

Identification / Policy # _____

Family Physician's Name and Phone Number _____

Medical Release

I hereby give my child permission to fully participate in the Fulper Family Farmstead Adventure Camp from 9:00 a.m. to 4:00 p.m. during the week of (Circle applicable week(s): July 10th, July 17th, July 24th, July 31st, August 7th, August 14th). I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____

Parent or Guardian

ACKNOWLEDGMENT OF RISK FORM

I hereby apply for my child to participate in Farmstead Adventure Camp and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers involved in my child's participation in Farmstead Adventure Camp. The activities and use of any equipment related to such activities could result in injury, illness, death or damage to personal property. I understand that other participants, accidents, and forces of nature may cause these risk and dangers and I hereby accept these risk and dangers.

My child is in good health, between the ages of 7-13, and is fully able to participate.

I acknowledge that I have been advised there is no transportation for or supervision of my child while my child is traveling to or from this program. I understand that it is my responsibility to provide such transportation and supervision. I also acknowledge that my child must arrive and leave the program at the time specified and that Fulper Family Farmstead LLC and Fulper Farms LLC will not have anyone on site to watch my child prior to 9 am and after 4 pm.

LOCATION OF PROGRAM: Fulper Family Farmstead
281 Rocktown Lambertville Road
Lambertville, NJ 08530

START TIME OF PROGRAM: 9:00 a.m. **END TIME OF PROGRAM:** 4:00 pm

I HAVE READ THE ABOVE AND BY SIGNING IT, I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN FARMSTEAD ADVENTURE CAMP AND I UNDERSTAND AND ACCEPT THE RISKS INVOLVED.

PARTICIPANT'S NAME (print): _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT GUARDIAN NAME: _____

SIGNATURE: _____ **DATE:** _____

CODE OF CONDUCT

1. Obey instructions given by the Director or any camp counselor the first time given.
2. This is a learning experience as well as a fun adventure. Accept others in the group and the program content. Make the most of any situation.
3. Be considerate and courteous of other youth and adults, and their property.
4. Use good judgment and do what you know is right for the situation.
5. It is your responsibility to be on time and to participate in the programs.
6. Wear appropriate dress for the various activities. If you are unsure what is appropriate, contact us at (609) 651-5991 or camp@fulperfarms.com.

CONSEQUENCES FOR MISBEHAVIOR

If behavior problems are not resolved, parents will be called and the youth will have to return home at his/her own expense.

* * *

I have read the above and understand what is expected of me.

Participant:

Signed

Date

I have read and understand these rules, and have discussed them with my child.

Parent or Guardian:

Signed

Date

PHOTO CONSENT

Check one of the following choices:

- I/We GRANT permission for our child's photo to be published on the Fulper Family Farmstead website, print media and/or social media
- I/We DO NOT GRANT permission for our child's photo to be published on the Fulper Family Farmstead website, print media, and/or social media.

Parent or Guardian:

Signed

Date