



2021 Camp Programs Registration Form

Camper Information: Date: _____

Camper Last Name: _____ Camper First Name: _____

Home Address: _____ City, State, zip : _____

Home Phone: _____ Age when attending camp _____

Parent Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact : _____ Phone: _____

E-mail Address: _____

Week(s) attending:

- | | |
|--|-------------------------------------|
| Farm Camp: July 5-9 | <input type="checkbox"/> \$385/Week |
| Farm Camp: July 12-16 | <input type="checkbox"/> \$385/Week |
| Farm Explorers Camp: July 19-23 | <input type="checkbox"/> \$385/Week |
| Farm Explorers Camp: July 26-30 | <input type="checkbox"/> \$385/Week |
| Farm Explorers Camp: Aug. 2-6 | <input type="checkbox"/> \$385/Week |

T-Shirt Size (Circle One): Child Small, Child Medium, Child Large

I give Terhune Orchards permission to use any photographs of my child for publications or Promotions .

Parent Signature _____
Print Name

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Important Information

Registration: Payment for the **entire registration fee is due with receipt of the registration form.**
(Payment accepted by cash, check or credit card)

Cancellation policy: If request is received (required in writing) less than one month prior to the start of session, refund will be issued only if another camper fills the space. There will be a \$50 non-refundable administration for all cancelations.

Credit Card Account #: _____ Expiration Mo/Yr: _____

Check enclosed: _____



Medical Forms

Dear Parents,

This **Medical Form, Hold Harmless Form, Current Health Record AND Immunization Records from your pediatrician must accompany registration.**

Records: New Jersey state law requires that campers submit a current health record and immunization record each year; please provide written documentation if your child is not vaccinated for medical or religious reasons.

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Camper's Name: _____

Parent Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Primary Phone: _____

Relationship to Camper: _____

Insurance Company: _____ Insurance Policy Number : _____

Doctor's Name in case of emergency: _____ Phone #: _____

Does the camper have any allergies (food, medicines, bee stings?) _____

Is there any additional information about your child we should know to provide the best experience for all campers.

Note: Staff of Terhune Orchards is not able to administer medications during camp.



HOLD HARMLESS FORM

AUTHORIZATION FOR PEDIATRIC EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT EXPLANATION

For the safety of Children, sound medical practice calls for this authorization. In emergencies, where the Parent/Legal Guardian or Emergency Contact of the Child cannot be reached - this form will be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made first to contact the Parent/Legal Guardian or Emergency Contact.

I hereby give my permission for my Child to attend Terhune Orchards "Summer Camp at the Farm" or "Farm Explorers Camp ." The Child herein described has permission to engage in all prescribed camp activities except as noted.

I hold harmless Terhune Orchards, and their employees, agents, servants and volunteers from all risk, liability, injury, damage and loss to all persons and property which may occur to my child during or resulting from participation in the program.

I hereby authorize Terhune Orchards to take measures in the event of a medical emergency. I hereby give permission to the medical personnel selected by Terhune Orchards to order X-rays, routine tests, treatment, and necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the Physician of the hospital selected by Terhune Orchards to secure treatment, including hospitalization, for my Child as named above. **The Terhune Orchards staff cannot assume any responsibility for administering any medication to children.**

Parent/Legal Guardian's Signature:

Signature

Date