

Happy's Farm
2019 Summer Camp
Registration and Emergency Form



Happy's Farm
"A Western Tutoring Facility"

Buckaroo's Name: _____ Age: _____

Date of Birth: _____

Home Mailing Address: _____

School Grade Just Completed and School Attended: _____

Parent/Guardian or Legal Custodians Name: _____

Workplace: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian or Legal Custodians Name: _____

Workplace: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

List 2 neighbors or relatives who can assume temporary care of your child if you cannot be reached:

1. Name _____ Relationship to child _____
Address _____ Home Phone _____
Cell Phone _____ Work Phone _____

2. Name _____ Relationship to child _____
Address _____ Home Phone _____
Cell Phone _____ Work Phone _____

Accident Release

I release Happy's Farm and all staff from repercussions from any and all accidents. I carry adequate primary insurance to cover any accident while my child is at Happy's Farm.

I give _____ permission to go to Tinseltown Movie Theatre. I release Happy's Farm, the Kohl's Associates, and all farm staff and volunteers from repercussions from any and all accidents.

Signature: _____ Date: _____

In case of an emergency, and in the event that I cannot be reached, I give permission for Happy's Farm personnel to call 911 for emergency transport to the hospital listed below. I also give permission for a doctor to give the necessary treatment as needed for my child.

Insurance Company _____ Policy Number _____

Preferred Hospital _____ Signature _____

Medical Information/Conditions

Conditions

Is Medication Required?

ADHD/ADD

Yes No

Severe allergies requiring EpiPen

Yes No

If Yes Allergic To: _____

Other allergies not requiring EpiPen: _____

Yes No

Arthritis

Yes No

Asthma Date of last asthma attack: _____

Yes No

Autism (including Asperger's Syndrome)

Yes No

Diabetes (is insulin required _____)

Yes No

Frequent nose bleeds

Yes No

Heart Problems Explain: _____

Yes No

Hemophilia/Bleeding Disorder

Yes No

Orthopedic disorder Explain: _____

Yes No

Psychiatric disorder Explain: _____

Yes No

Seizures Date of last seizure: _____

Yes No

Sickle Cell Disease Date of last crisis: _____

Yes No

Other (please give detail) _____

Happy's Farm Inc use photographs, video, and voice recordings for educational and promotional purposes.

Internally, these materials may appear in print, on our Web site, (as photos or videos), and/or in presentations. The news media – both in print and online – may use them in farm-related news coverage, in productions aired on television and/or the Web.

This form allows you as a parent/guardian to choose whether or not your child may appear in any of these various media formats and illustrations used by Happy's Farm Inc. and/or the news media.

PLEASE CHOOSE ONE:

For camper younger than 18 years old:

I give permission to Happy's Farm Inc. and/or the news media at Happy's Farm to make photographs, video, and/or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

For camper younger than 18 years old:

I do not give permission for my child to be included in any media whatsoever.

Minor's Parent/Guardian Signature

Parent/Guardian Printed Name

Campers Name

Date of Signature