

# 2018 Milky Way Farm SUMMER CAMPER REGISTRATION FORM

*Educating and Inspiring Youth in Agriculture*



Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_ School: \_\_\_\_\_

**Camp Session(s):** Please circle which camp you are registering for each child.  
 Note “ \* ” indicates camp program offered for each week.

2018 Summer Camps at Milky Way Farm	Little Farmer (4-6 year olds) \$ 150 9:30am-12noon	Farm Fun 1 <i>Going into</i> 2nd-3rd grade \$275 9:30am-2pm	Farm Fun 2 <i>Going into</i> 3rd-4th grade \$275 9:30am-2pm	Farm Fun 3 <i>Going into</i> 4th-5th grade \$275 9:30am-2pm
June 11-15	*	*		
June 18-22	*		*	
June 25-June 29	*			*
July 9-13	*	*		
July 16-20	*		*	
July 23-27	*	*		

**Total Payment:** \_\_\_\_\_ (full payment payable to *Milky Way Farm* prior to camp date)

**10% Discount available for 2 or more children from same family \* 10% discount for early registration by April 1st.**

Curriculum designed and supervised by teacher with M Ed. Small camp sizes - ratio of 2 counselors to 12 campers.  
 Minimum 6 campers must be registered to run camp. If camp cancelled, refunds will be offered.

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In the event of an emergency, we would contact you immediately regarding the safety and well-being of your child. Should no one be reachable by phone, and emergency medical treatment is required, we need to be able to take care of your child’s emergency. Therefore, we have been legally advised to have a medical information form completed for all Day Campers and Employees in our confidential files. This information will be requested 1 week prior to camp. No child will be permitted to participate in our camps if the medical information is not provided.

**Parent/Guardian Information** - Please print clearly and legibly for successful communication via email.

1. **Name:** \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

(Please place an asterisk (\*) next to the best # in case of an emergency)

2. **Name:** \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

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**Milky Way Farm  
2017 Summer Camp  
Parent/ Guardian Agreement**

I certify that my child’s physical condition is satisfactory to participate in the Milky Way Farm Summer Camp Program. I recognize and acknowledge that there are certain risks of injury in any recreational program, and I hereby assume full responsibility for any expenses incurred as a result of my child’s participation in the Milky Way Farm Summer Camp Program.

In case of emergency, I authorize my child to receive from Milky Way Farm staff and/or be transported to the nearest hospital by emergency medical personnel. I understand that I am responsible for any bills related to hospital or doctor visits.

I hereby (a.) release and discharge, (b.) waive and relinquish, (c.) agree not to sue Milky Way Farm and its respective administrators, employees, volunteers, and owners of premises on which activities take place from all liability, claims, demands, losses, or damage on my account caused in whole or in part by the negligence of any of the above named including the negligence of emergency operations.

It is my desire that my child be enrolled, as indicated on the top of the form, subject to the above conditions. I have enclosed the payment and agree to pay the full tuition. In signing this form, I certify that my child is covered by health and accident insurance or Medicaid and I understand that I am obligated to provide the camp with the name of the carrier and policy number. By signing this registration form, I accept full responsibility for all incurred program fees and expenses.

I have read this agreement and all other information referenced herein. I fully understand that I have given up certain rights by signing it and I have signed it freely and without inducement or assurance of any nature.

I authorize Milky Way Farm to use any photographs or video footage of my child for any communication, promotional or other legitimate reason. \_\_\_ Yes \_\_\_ No

Child’s Name \_\_\_\_\_ Parent Name \_\_\_\_\_

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

How did you hear about our summer camp program? (Returning camper, Newspaper, Friend, Flyer, Website)

\_\_\_\_\_

**Please send Registration Form with original signature and payment to:  
Milky Way Farm, 521 E. Uwchlan Ave, Chester Springs, PA 19425**

Registrations are “first come-first accepted.” This is important to note if registering with friends. Email will be sent upon receipt of registration form and payment, and when camp has met maximum registrations.