

CAMPER REGISTRATION FORM

REGISTER ONLINE AT WWW.PARADISEFARMCAMPS.ORG

STEP #1: CAMPER AND FAMILY INFORMATION

ALL CAMP CORRESPONDANCE WILL BE ADDRESSED TO PARENT #1

CAMPER'S NAME:	D.O.B.:	GENDER:	T-SHIRT SIZE:
NAME OF SCHOOL:		CURRENT GRADE:	
HOME ADDRESS:			
CITY, COUNTRY, STATE, ZIP:			
HOME PHONE NUMBER:	EMAIL ADDRESS:		
PARENT #1 NAME:	PARENT #2 NAME:		
PARENT #1 EMPLOYER:	PARENT #2 EMPLOYER:		
WORK #:	CELL #:	WORK #:	CELL #:
HOW DID YOU FIND OUT ABOUT PARADISE FARM CAMPS?			

ADDITIONAL CAMPERS

CAMPER'S NAME:	D.O.B.:	GENDER:	T-SHIRT SIZE:
NAME OF SCHOOL:		CURRENT GRADE:	
CAMPER'S NAME:	D.O.B.:	GENDER:	T-SHIRT SIZE:
NAME OF SCHOOL:		CURRENT GRADE:	

CHILD RESIDES WITH:

BOTH PARENTS

PARENT #1

PARENT #2

OTHER (PLEASE EXPLAIN)





GUARDIAN'S NAME:	HOME NUMBER:	CELL NUMBER:
HOME ADDRESS:		CITY, COUNTRY, STATE, ZIP:
EMPLOYER:	WORK NUMBER:	

STEP #2: EMERGENCY CONTACTS

EMERGENCY CONTACT #1:	RELATIONSHIP:	
HOME PHONE NUMBER:	WORK OR CELL NUMBER:	AUTHORIZED FOR PICK UP? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMERGENCY CONTACT #2:	RELATIONSHIP:	
HOME PHONE NUMBER:	WORK OR CELL NUMBER:	AUTHORIZED FOR PICK UP? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMERGENCY CONTACT #3:	RELATIONSHIP:	
HOME PHONE NUMBER:	WORK OR CELL NUMBER:	AUTHORIZED FOR PICK UP? YES <input type="checkbox"/> NO <input type="checkbox"/>

STEP #3: CHOOSE YOUR PROGRAMS

CAMPER'S NAME:





<input type="checkbox"/> TINY TREKS \$250/SESSION 	<input type="checkbox"/> JUNIOR CAMP \$420/SESSION 	<input type="checkbox"/> DAY CAMP \$420/SESSION 	<input type="checkbox"/> TEEN PROGRAM \$450/SESSION 						
MARK YOUR SESSION #	SESSION #1 <input type="checkbox"/>	SESSION #2 <input type="checkbox"/>	SESSION #3 <input type="checkbox"/>	SESSION #4 <input type="checkbox"/>	SESSION #5 <input type="checkbox"/>	SESSION #6 <input type="checkbox"/>	SESSION #7 <input type="checkbox"/>	SESSION #8 <input type="checkbox"/>	SESSION #9 <input type="checkbox"/>
	JUNE 21-25	JUNE 28 - JULY 2	JULY 5-9	JULY 12-16	JULY 19-23	JULY 26-30	AUGUST 2-6	AUGUST 9-13	AUGUST 16-20
<input type="checkbox"/> EXTENDED CARE \$75/SESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Campers may choose their programs on reverse side of form.

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I AM INTERESTED IN RECEIVING INFORMATION FOR:

OUTDOORS AFTER SCHOOL

OUT OF SCHOOL TIME OUTDOORS

SPRING BREAK DAY CAMP (MARCH 31 - APRIL 2)

STEP #4: TERMS AND CONDITIONS

A \$50 non-refundable deposit is required for each camper registration. This deposit assists in covering registration expenses, and upon payment, will be subtracted from the total balance owed. To be eligible for our reduced rates, your family's registration must be completed and all fees must be paid in full within 60 days of registration. Any cancellation made within the first 60 days after registration will receive a full refund, minus the non-refundable deposit. Cancellations made after 60 days will be charged 50% of the total camp fee. No refunds are made for cancellations on or after the first day of the session or to campers dismissed for inappropriate behavior, determined at the sole discretion of the Director. Paradise Farm Camps retains the right to dismiss any camper if it is deemed to be in the best interest of the camp and/or the camper. Make up days are not provided. If registering via paper forms, camper registration will not be processed until all forms are submitted to and approved by us.

In the event of a camp closure of three or more consecutive days due to a government mandated shutdown, extreme weather, or other unforeseen circumstances, we will provide a full refund for the days missed, less the non-refundable deposit.

I hereby give permission for my child(ren) to be photographed or videotaped by Paradise Farm Camps and for the resulting images portraying my child individually or as a group participating in camp activities, to be used on various camp brochures, posters, reports, websites or as a part of a slide or video presentation to promote participation and interest in camp. I also give permission for my child(ren) to be transported in a camp vehicle or by bus to an on/off-site location for any activity or camp field trip. I have read all of the information in the brochure and agree to all terms and conditions.

SIGNATURE

PRINT NAME:

DATE:

STEP #5: PAYMENT INFORMATION

IF PAYING BY CHECK PLEASE MAKE CHECK PAYABLE TO: CCWA

IF PAYING BY CREDIT CARD

VISA

MASTER CARD

DISCOVER

AMERICAN EXPRESS

EXP DATE:

CREDIT CARD NUMBER:

SECURITY CODE:

SIGNATURE

AMOUNT TO APPLY:

PLEASE DETACH THIS REGISTRATION FORM, PROVIDE DEPOSIT PAYMENT, AND MAIL TO:

PARADISE FARM CAMPS
1300 VALLEY CREEK RD.
DOWNTOWN, PA 19335

OR SEND VIA EMAIL:

LEAH@
PARADISEFARMCAMPS.ORG

CAMPER HEALTH HISTORY FORM

PLEASE ATTACH A PHOTO OF CAMPER TO THIS FORM

STEP #1: CAMPER INFORMATION

ALL PARTICIPANTS MUST BE COVERED BY HEALTH INSURANCE

CAMPER'S NAME:

D.O.B:

GENDER:

HOME ADDRESS:

HOME PHONE #:

CITY, COUNTY, STATE, ZIP:

PHYSICIAN'S NAME:

PHYSICIAN'S PHONE #:

PREFERRED HEALTH CARE FACILITY:

HEALTH INSURANCE CARRIER:

POLICY #:

GROUP #:

A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD MUST BE ATTACHED TO THIS FORM

SECTION #2: MEDICAL HISTORY INFORMATION

ATTACH A SEPARATE SHEET IF NECESSARY

DESCRIPTION OF ANY PAST MEDICAL TREATMENT (INCLUDE DATES OF TREATMENT)

PLEASE DESCRIBE ANY CURRENT PHYSICAL, MENTAL OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP:

HAS YOUR CHILD EVER BEEN ON A MEDICATION FOR BEHAVIOR OR EMOTIONAL PROBLEMS? PLEASE EXPLAIN:

HAS YOUR CHILD EVER BEEN HOSPITALIZED FOR A MENTAL OR EMOTIONAL PROBLEM? IF SO, PLEASE EXPLAIN WHEN, FOR HOW LONG, AND WHAT WAS THE DIAGNOSIS?

DESCRIPTION OF ANY CAMP ACTIVITIES FROM WHICH THE CAMPER SHOULD BE EXEMPTED FOR HEALTH REASONS:

ALLERGIES (INCLUDE FOOD, DRUGS, BEE STINGS, ETC):

DIETARY RESTRICTIONS (VEGETARIAN, RELIGIOUS, ETC):

MEDICATIONS: PLEASE LIST ALL CURRENT MEDICATIONS INCLUDING PRESCRIBED AND OVER-THE-COUNTER DRUGS TAKEN. ATTACH A SEPARATE SHEET IF NECESSARY.

MEDICINE #1:

DOSAGE:

TIME TAKEN EACH DAY:

REASON FOR TREATMENT:

MEDICINE #2:

DOSAGE:

TIME TAKEN EACH DAY:

REASON FOR TREATMENT:

MEDICINE #3:

DOSAGE:

TIME TAKEN EACH DAY:

REASON FOR TREATMENT:

MEDICINE #4:

DOSAGE:

TIME TAKEN EACH DAY:

REASON FOR TREATMENT:

WE DO NOT REQUIRE THAT YOU SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD, BUT DO REQUIRE THAT YOU ANSWER THE QUESTION BELOW:

DO YOU ATTEST THAT ALL IMMUNIZATIONS REQUIRED FOR SCHOOL ARE UP TO DATE FOR YOUR CHILD?

YES NO

WE DO REQUIRE THE LAST DATE (MONTH/YEAR) OF YOUR CHILD'S LAST TETANUS SHOT.

DATE OF LAST SHOT:

CAMPER HEALTH HISTORY FORM

PLEASE ATTACH A PHOTO OF CAMPER TO THIS FORM

SECTION #3: PARENT/GUARDIAN PERMISSION TO TREAT AGREEMENT

This Medical Release states the risks of illness, injury, harm, and medical procedures at CCWA-PARADISE FARM CAMPS. It has important legal consequences. You should decide to send your child to camp only after you have read and understood the Medical Release Statement and decided that you wish you and your child to be bound by its terms. For your convenience, you (or each of you) is referred to in the Agreement as "I" and your child is referred to as "my camper" and the Children's Country Week Association and all of its officers, directors, employees and agents are referred to together as the "Association."

I am the parent or legal guardian of _____ (Camper's Name). I understand that camping has many risks. It involves such things as vigorous physical activity, the close gathering of large groups of people, communal living arrangements, and a rural outdoor setting. Participation in camp activities may entail exposure to serious risks posed by the natural and/or outdoor environment, such as tick borne diseases including Lyme Disease and Rocky Mountain Spotted Fever, Poison Ivy, etc.

If my camper becomes ill or is injured while at camp; I understand that my camper will first be evaluated by the Camp Health Service Provider or a Physician selected by the Association, and I authorize him or her to make all inquires, examinations and tests he or she deems necessary or appropriate. If he or she determines that it is appropriate to administer treatment at the Camp, I authorize that treatment. I release the Association from all liability which may result from the evaluation and treatment of my camper by the Camp Health Service Provider or that Physician.

If the Camp Health Service Provider or that Physician determines that other treatment is necessary or appropriate, I want the Association to try to reach me or those emergency contacts designated in the registration form in the order listed.

If reached, I will tell you whether and by whom I wish my camper to be treated. In an emergency, or if I cannot be reached in a timely fashion, I authorize the Association to deliver my camper to a Health Care Provider selected by the Association, for such treatment as that Provider considers appropriate. I agree that the Association shall not be responsible for what happens after my camper has been returned to me or delivered to a Health Care Provider so chosen by me or the Association, and I release it from all liability therefore. I agree that I am responsible for the cost of any outside health care provided and the cost of transporting my camper.

The undersigned agrees to be bound by and to have the undersigned's camper be bound by this agreement.

SIGNATURE

PRINT NAME:

DATE:

SECTION #4: HEALTH EXAM

ATTACH ADDITIONAL INFORMATION IF NEEDED

THIS SECTION IS ONLY REQUIRED FOR CHILDREN ATTENDING ANY OVERNIGHT SESSION, AND MUST BE SIGNED BY A LICENSED PHYSICIAN

ACA ACCREDITATION STANDARDS SPECIFY PHYSICAL EXAM WITHIN THE LAST 12 MONTHS.

MEDICAL PERSONNEL: PLEASE REVIEW THE FRONT OF THE CAMPER HEALTH HISTORY FORM AND COMPLETE THE REMAINING SECTIONS OF THIS FORM.

PHYSICIAN'S NAME:

DATE OF EXAMINATION:

HEIGHT:

WEIGHT:

BP:

BLOOD TYPE:

DO YOU FEEL THAT THE CAMPER WILL REQUIRE LIMITATIONS OR RESTRICTIONS TO ACTIVITY WHILE AT CAMP YES NO

IF YES, WHAT ARE YOUR RECOMMENDATIONS:

PAST OR CURRENT HISTORY: PLEASE CHECK ALL THAT APPLY

- | | | |
|---|--|---|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SKIN PROBLEMS | <input type="checkbox"/> MEASLES |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> GASTROINTESTINAL PROBLEMS | <input type="checkbox"/> CHICKEN POX |
| <input type="checkbox"/> CHRONIC, RECENT OR RECURRING ILLNESS | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> GERMAN MEASLES |
| <input type="checkbox"/> CARDIOVASCULAR DISORDERS | <input type="checkbox"/> EMOTIONAL/BEHAVIORAL | <input type="checkbox"/> MUMPS |
| <input type="checkbox"/> NEUROLOGICAL DISORDERS | <input type="checkbox"/> DEVELOPMENTAL PROBLEMS | <input type="checkbox"/> HEPATITIS A |
| <input type="checkbox"/> BED WETTING | <input type="checkbox"/> OTHER MEDICAL CONCERNS | <input type="checkbox"/> HEPATITIS B |
| | OTHER CONCERNS: | <input type="checkbox"/> HEPATITIS C |

I HAVE REVIEWED THE CAMPER HEALTH HISTORY FORM, AND HAVE DISCUSSED THE CAMP PROGRAM WITH THE CAMPER'S PARENT(S)/GUARDIAN(S). IT IS MY OPINION THAT THE CAMPER IS PHYSICALLY AND EMOTIONALLY FIT TO PARTICIPATE IN AN ACTIVE CAMP PROGRAM (EXCEPT AS NOTED ABOVE.)

SIGNATURE

OFFICE ADDRESS:

DATE:

PHONE #:

ALL CAMPERS MUST HAVE A CURRENT HEALTH HISTORY FORM RETURNED TO THE CAMP OFFICE WITHIN 60 DAYS OF REGISTRATION OR BY AUGUST 1ST, WHICHEVER COMES FIRST. ANY CAMPER WITHOUT A CURRENT HEALTH HISTORY FORM SUBMITTED BY THE DUE DATE MAY HAVE THEIR REGISTRATION REMOVED.

ANY QUESTIONS OR CONCERNS, PLEASE CONTACT LEAH AT 610.269.9111 x2013.