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 For Office Use Only

# Hodges Dairy Farm

## Summer Camps 2013

### Child's/Children's Names (Please Print First and Last)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

### Scheduled Summer Camps

*Please make your choice below.*

Date	Camp Options	Single (1 Child)	Multiple (Family Rate)	Total
June 17-21	Full-Day Camp (/Monday -Friday)	\$300	\$270 X ___	\$
June 24-28	Half-Day Camp (/Monday -Friday)	\$200	\$180 X ___	\$
July 8-12	Full-Day Camp (/Monday -Friday)	\$300	\$270 X ___	\$

Grand Total Due: \$ \_\_\_\_\_

\* Family Rates apply to participants who are under the sole/shared guardianship of their parent(s) or legal guardian(s).  
 \*\*All fees are due by the first day of camp. A 50% deposit is mandatory to hold your child's place.

### Other Camp Options

**Would you be interested in the following this year?**

"Yes"	Camp Options	Single (1 Child)	Multiple (Family Rate)
	Half-Day Camp (8am-12pm/ Wednesday)	\$60	\$55/Camper
	Full-Day Camp (8am-5pm/Wednesday)	\$90	\$80/Camper

# Hodges Dairy Farm

## SUMMER CAMP GUIDELINES

Our goal is to provide a safe and beneficial experience for our summer campers. With this goal in mind, please familiarize yourself with the following points:

1. Completed registration packet(s) must be returned to the instructor before the first day of camp.
2. Fees are due in full by the first day of camp. A 50% non-refundable, but transferrable, deposit is mandatory to reserve your child's place.
3. Please dress your child in long pants and closed-toe shoes for their safety.
4. Please, if possible, drop off your child between 8am and 8:15am at the farm lounge, and pick them up between 11:45am and 12pm on Half-Day Camp days or between 4:45-5pm on Full-Day Camp days. (Please be advised: a fee will be charged for every late pick-up.)
5. Anyone allergic to cats or insect bites, will need to bring medication everyday of camp. For security purposes, we will not hold the medication overnight.

Please list additional adults to whom we may release your child/children. Photo I.D. will be required at the time of pick-up.

(Please Print)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

I have read, understood, and agree to the terms listed above.

X \_\_\_\_\_ X \_\_\_\_\_ / /  
Parent's/Guardian's First and Last Name (Please Print) Parent's/Guardian's Signature Date

# Hodges Dairy Farm

## PHOTO RELEASE

I hereby consent to and authorize the use and reproduction of any and all photographs and other audiovisual materials taken of me/my child/my ward for promotional printed, video, or digital materials, educational activities or for any other use for the benefit of the agritourism programs presented by "Hodges Dairy Farm."

X \_\_\_\_\_ X \_\_\_\_\_ / /  
Parent's/Guardian's First and Last Name (Please Print) Parent's/Guardian's Signature Date

I do not give my consent.

X \_\_\_\_\_ X \_\_\_\_\_ / /  
Parent's/Guardian's First and Last Name (Please Print) Parent's/Guardian's Signature Date

\*Any personal or contact information submitted to "Hodges Dairy Farm" is strictly confidential and will be maintained solely by the organization.

# Hodges Dairy Farm

## PROTECTION OF PRIVACY

This document details how your medical information may be used or disclosed. Hodges Dairy Farm uses your/your child's/your ward's personal health information primarily for an emergency only. We may disclose your/your child's/your ward's personal health information without prior authorization, however, for public health purposes, audits, when required by law, and in an emergency. In other situations, it is Hodges Dairy Farm's policy to obtain your written authorization before releasing personal health information. You may revoke this authorization at any time. Furthermore, you have the right to access a copy of your personal health information at any time.

I have read, understood, and agree to the "Hodges Dairy Farm Protection of Privacy" policy.

X \_\_\_\_\_ X \_\_\_\_\_ / /  
Parent's/Guardian's First and Last Name (Please Print) Parent's/Guardian's Signature Date

# Hodges Dairy Farm

## AUTHORIZATION FOR MEDICAL TREATMENT

(Complete one per participant.)

**(Please Print)**

Participant's Name (First and Last): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Medical Facility Name: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize "Hodges Dairy Farm" authorized personnel, instructors, or employees to:

1. Provide, secure, and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### **Consent Plan**

This authorization includes X-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

X \_\_\_\_\_ X \_\_\_\_\_ / /  
Parent's/Guardian's First and Last Name (Please Print) Parent's/Guardian's Signature Date

### **Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ / /  
Parent's/Guardian's First and Last Name (Please Print) Parent's/Guardian's Signature Date

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