



# FRIENDS OF INFINITY ACRES Ranch INC.

## SUMMER CAMP REGISTRATION 2024



PLEASE PRINT. Complete **both sides** and return with minimum \$50 deposit (or full payment) to:  
**Friends of Infinity Acres Inc. - Day Camp - 136 Joppa Rd, Ridgeway, VA 24148**

Camper Name: \_\_\_\_\_ Gender: **M** | **F**  
Last Name First Name M.I.

Name Camper prefers to be called: \_\_\_\_\_ Camper Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Day Year

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Parent or Family Email: \_\_\_\_\_

CAMP DATES REQUESTED: (see flier for dates) \_\_\_\_\_

Who to call if parent/guardian is not available: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Their Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Describe your camper's personality when living, playing, and working with others: \_\_\_\_\_

Camper's interests & likes: \_\_\_\_\_

As your camper thinks about the upcoming camp time, what excites them? \_\_\_\_\_

I/We chose Friends of Infinity Acres Ranch Inc. Camp because: \_\_\_\_\_

**\*\*Fee of \$200 per camper plus any additional items below such as photo memory CD/T-shirt(s)\*\***

**\*FREE Special Needs Camp for qualified families (scholarship applications available on website)\***

**LIMITED SCHOLARSHIPS AVAILABLE (call for more details)**

**\* You must attach a photocopy or scan of the front and back of your insurance card and return it with this form \***

**How are you paying?** Check, money order/bank check, cash: \_\_\_\_\_

Camp Fee: <b>\$200</b> for all inclusive <b>\$300</b> / full SPED (sponsorship for qualified applicants – deposit retainer will be refunded – <b>MUST COMPLETE SCHOLARSHIP FORM!</b>	\$
Photo File: <b>\$15</b> (hundreds of photos)	+ \$
T-shirt: <b>\$20</b> (Size _____ )	+ \$
<b>Total Fees Due</b> →	= \$
<b>Minus my deposit: minimum \$50</b> (NON-REFUNDABLE within 30 days of camp date)	- \$
<b>My Balance Due</b> (by 2 weeks before start of camp)	= \$

**Complete BOTH sides of this form and  
return with minimum deposit (or full  
payment) and a copy/scan of your  
family medical insurance card to:**

**FRIENDS OF INFINITY ACRES RANCH  
SUMMER DAY CAMP  
ATTENTION: STEERE  
136 JOPPA RD  
RIDGEWAY, VA 24148**

**ph: 276-358-BEST (2378)**

**\*SPECIAL NOTE: WE DO NOT HAVE INSURANCE COVERAGE FOR ACTIVITIES AT THIS CAMP. PARTICIPATION IS AT THE FAMILY'S OWN LIABILITY AND  
MUST ACCEPT ALL RESPONSIBILITY AND RISK\***

Today's Date: \_\_\_\_\_



**Molina Complete Care**

**WARNING:** Under Virginia law, there is no liability for an injury to or death of a participant in an Agritourism activity conducted at this agritourism location if such injury or death results from the inherent risks of the Agritourism activity. Inherent risks of Agritourism activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. Enrollment and participation provides authorization that you are assuming the risk of participating in this Agritourism activity for the camper and others in your group.

# Friends of Infinity Acres Ranch Inc.

## Day Camper Health History for 2024

The following information must be completed by the parent or legal guardian. Information from this form will be held confidentially by the program director, medical director, and camp counselor. The intent of this form is to provide the camp medical director the information needed to administer appropriate emergency care. Keep a copy of this completed form for your records. Attach additional pages or descriptions as needed. Provide changes to this form to the medical director at check-in on the first day of camp.  
Please PRINT.

Camper Name: \_\_\_\_\_ Gender: M | F Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_ Social Security # of camper: \_\_\_\_\_

Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Dad cell: \_\_\_\_\_ Mom cell: \_\_\_\_\_

Name of whom to call if unable to contact parent/guardian: \_\_\_\_\_

Their relationship to the camper: \_\_\_\_\_

Their cell: \_\_\_\_\_ Their home ph: \_\_\_\_\_ Their work ph: \_\_\_\_\_

### INSURANCE INFORMATION:

Required: You must attach a photocopy or scan of the front & back of your medical insurance card and return it with this form.

Is the camper covered by family medical / hospital insurance? \_\_\_\_\_ Yes | \_\_\_\_\_ No

Is the camper covered by Medicaid? \_\_\_\_\_ Yes | \_\_\_\_\_ No

Hospital affiliation: \_\_\_\_\_ Name & location of physician's office \_\_\_\_\_

**ALLERGIES:** List all known allergies & describe your child's reaction and best management of the reaction. Use extra paper if needed.

Medication allergies: \_\_\_\_\_

Food / Other allergies: \_\_\_\_\_ Bee allergy? \_\_\_\_\_

### MEDICATIONS BEING TAKEN:

This camper takes NO medications on a routine basis \_\_\_\_\_

OR: Please list ALL medications (including non-prescription drugs) taken routinely: \_\_\_\_\_

**Medications that may need to be taken during camp:** if your child has allergies, asthma, or other condition(s), please have a Dr's note that authorizes the child to use that medication at camp with supervision & provide the medication.

**RESTRICTIONS:** The following restrictions apply to this camper: (attach additional paper if needed) **Dietary/Other:** \_\_\_\_\_

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

**MEDICAL HISTORY:** Describe any injury, illness, disease, treatment, surgery, or affliction the camp should know in case of emergency: \_\_\_\_\_

**ADDITIONAL INFORMATION:** Describe other physical, emotional, or behavioral concerns: \_\_\_\_\_

**Due to the nature of camp, tetanus immunization within the last 5 years is preferred. Choosing one from the list below, please give date of most recent tetanus immunization.**

DTP (diphtheria/tetanus/pertussis) - Date: \_\_\_\_\_

TD (tetanus/diphtheria) - Date: \_\_\_\_\_

Tetanus - Date: \_\_\_\_\_

**Please provide the following information, giving date of last injection/ingestion.**

Has camper had the following series? (circle and date if yes)

Varicella (Chicken Pox): Yes / No Date: \_\_\_\_\_

Oral Polio (OPV): Yes / No Date: \_\_\_\_\_

Haemophilus Influenza B (HiB): Yes / No Date: \_\_\_\_\_

MMR: Yes / No Date: \_\_\_\_\_

Measles: Yes / No Date: \_\_\_\_\_

**IMMUNIZATION HISTORY:** If your child has been immunized, indicate details above. (Not required to get Dr or school copy) Recommended **not** required

### Parent/Guardian Authorizations:

I hereby request that my child be accepted to attend Friends of Infinity Acres Inc. LLC Summer Day Camp. I have read and understand the information in this brochure, including parent and camper information, the camp rules and behavior policies, registration procedures, the program descriptions and the activities listed for my child's time at camp. I understand that my child will be participating in many physical activities (including, but not limited to those listed in the program descriptions) and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment. In consideration of acceptance to Friends of Infinity Acres Inc. Summer Day Camp, I indemnify and hold harmless Friends of Infinity Acres Inc. LLC, IA Day Camp, Laura & Richard Steere, and staff and officers from any and all liability, claims, damage, injury or illness sustained by my child, and I verify that the information on this Registration Form and Health History Form is correct and complete as far as I know. This form may be copied for camp records. I hereby give permission to the camp to provide routine health care and basic first aid, including antibacterial soap & medicated topicals, and seek emergency medical treatment. I agree to the release of any records necessary for emergency purposes. I give permission to the camp to arrange necessary emergency medical transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child including ordering x-rays, administering tests, and admittance to a hospital, and I understand that Friends of Infinity Acres Inc. LLC Camp does NOT provide medical insurance coverage for participants. I have attached proof of primary personal/family medical insurance coverage for my child as required for camp attendance, and I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities including the equine, livestock, Agritourism, water sport, and athletic activities, unless otherwise noted in the RESTRICTIONS section of this application, and should it become necessary for my child to return home because of illness or other reason, I will abide by the Camps decision and arrange for transportation, and by registering my child into a program which includes transportation off site (i.e.: adventures, field trips, wagon rides), if applicable, I permit my child to leave the grounds of Friends of Infinity Acres Inc. LLC Day Camp accompanied by authorized camp personnel for approved out-of-camp activities at camp-approved locations, to be transported in camp-approved vehicles driven by camp-approved drivers, and I agree to read all information included in confirmation materials sent to me after registration and to share this information with the camper, and to read, sign and return any and all applicable forms and waivers, and I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration.

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

Print name \_\_\_\_\_ Phone: \_\_\_\_\_

**Physical assessment of Camper:** To be signed by parent, legal guardian, or medical personnel. We encourage parents to consult with your child's primary care physician to assess your child's current health and physical abilities. Provide any updates or changes to this information at check-in on the first camp day. This child is physically able to participate in all camp activities as described in the brochure (unless specified in the restrictions section above), and I will provide an update to this child's health status, if any, for the health screening at check-in on the first day of camp.

Signature of parent/guardian or medical personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of person signing this box: \_\_\_\_\_ Phone: \_\_\_\_\_