



FRIENDS OF INFINITY ACRES Ranch INC.

SUMMER CAMP REGISTRATION 2020

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 Grade (fall '20): _____

_____ Last Name,

_____ First Name

_____ M.I.

Name Camper prefers to be called: _____ Camper birth date: _____

_____/_____/____ Age at camp: _____

Month Day Year

Address: _____

_____ City

_____ State

_____ Zip

Home phone _____ Mom's cell _____ Dad's cell _____

Parent or Family Email: _____

CAMP DATES REQUESTED:

Session A: Special Needs Camp: June 29 – July 2 / 9am – 1 pm / Ages 6-17 / (DD, ASK, ADHD) FREE if Qualified

Session B: Open to All Kids: July 6- July 10 / 9am – 2 pm / Ages 8-17 Limited scholarships avail

Who to call if parent/guardian is not available _____; Relation to camper: _____

Their home phone _____, their work phone _____, their cell phone _____; 2nd 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 her/him? _____

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

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

Friends of Friends of Infinity Acres Inc. Inc. Ranch Day Camp programs are open to everyone regardless of race, color, national origin, sex or disabilities

COMPLETE THE REGISTRATION: Complete the 3 items below: Today's date: _____

***FEE \$150 per camper & *Add additional items, such as Photo memory CD &/or T-shirts. _ _**

*** FREE Special Needs Camp for Qualified Families: (scholarship applications available on website)**

Call for more details: SPONSORED BY MAGELLAN COMPLETE CARE

*** How are you paying? Checks, money order/bank check, cash _____**

SPECIAL NOTE: WE DO NOT HAVE INSURANCE COVERAGE FOR ACTIVITIES AT THIS CAMP.

PARTICIPATION IS AT THE FAMILIES OWN LIABILITY AND MUST ACCEPT RESPONSIBILITY & RISK.

| | |
|--|----------|
| Camp Fee (\$150) | |
| Photo File \$10 (hundreds of pics) | + |
| T-Shirt (Size ____) (Campers price \$15) | |
| Total Fees Due | = |
| Minus my deposit (NON-REFUNDABLE within 30 days of camp date (minimum \$50)) | - |
| My balance due (by 2 weeks before start of camp) | = |

Complete BOTH sides of this form and return with minimum \$50.00 deposit (or full payment) and a copy/scan of your family medical insurance card to:

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

276-358-(BEST) 2378

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 Form 2020

The following information must be filled in by the parent or legal guardian. Information from this form will be held confidential 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 provide 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:** _____
Last Name, First Name M.I.

Name of parent/guardian: _____ **Social Security # of camper:** _____

Home phone: _____ **Work phone:** _____ **Dad's cell:** _____ **Mom's cell:** _____

Name of whom to call if unable to contact parent/guardian: _____ **Their relation to camper:** _____

Their home phone: _____ **Their cell phone:** _____ **Their work phone:** _____

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 the best management of the reaction; use extra paper if needed.

Medication allergies: _____
 Food / Other allergies: _____ Bees? _____

MEDICATION(S) 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, 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: _____

IMMUNIZATION HISTORY: If your child has been immunized, indicate details below. (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 Friends of Infinity Acres Inc. Inc. LLC Day Summer Camp.

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| <p><i>Due to the nature of camp, tetanus immunization within last 5 years is preferred. Choosing one from the list below, please give date of most recent tetanus immunization.</i></p> <p>DTP (diphtheria/tetanus/pertussis), date _____</p> <p>TD (tetanus/diphtheria), date: _____</p> <p>Tetanus, date: _____</p> | <p><i>Please provide the following information, giving date of last injection/ingestion.</i></p> <p>Has camper had the following series? (Circle and date if yes)</p> <p>Varicella (Chicken Pox): yes / no date: _____ Hepatitis B: yes/no date: _____</p> <p>Oral Polio (OPV) or Injectable Polio (IPV): yes / no date: _____</p> <p>Haemophilus Influenza B (HiB): yes / no date: _____</p> <p>MMR: yes / no date: _____ OR each, separately below:</p> <p>Measles: yes /no date: _____ Mumps: yes /no date: _____ Rubella: yes /no date: _____</p> |
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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 Friends of Infinity Acres Inc. Inc. Summer Day Camp, I indemnify and hold harmless Friends of Friends of Infinity Acres Inc. 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 Friends of Infinity Acres Inc. 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 Camp's 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 Friends of Infinity Acres Inc. 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 _____

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| <p>Physical Assessment of Camper: To be signed by parent, legal guardian or medical personnel. We encourage parents to consult 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.</p> <p>Signature of parent/guardian or medical personnel: _____ ; Date: _____</p> <p>Printed name of person signing this box: _____ ; Phone: _____</p> |
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