

Colchester Farm Kids' Discovery Week 2017 Registration Form

One form must be completed and signed for each participant attending Colchester Farm Educational Programs. Payment of \$100 per session (\$200 for both sessions) must be received at time of registration in order to reserve space. Siblings residing in the same household receive a 25% discount (\$75/session; \$150 for both sessions) after the first full paying participant. Please mail completed forms and payment to:

Colchester Farm CSA, ATTN: Kids' Discovery Week, PO Box 191, Georgetown, MD 21930

Program Choice (check all that apply):

Morning Session:

9:00 am- 12:00 pm

Supervised Lunch:

12:00 pm-12:30 pm

Afternoon Session:

12:30 pm- 3:30 pm

Please note, while small snacks are offered we do not provide lunch. Youth who are either registering for both sessions or who wish to stay for a supervised lunch **must bring a bagged lunch** that does not require heating. Lunches will be stored in chilled coolers. There is no fee for participants staying during lunch, if option is selected at time of registration.

Participant's Name	Birth Date	
Address		
City	State	Zip

Contacts: In the event of an emergency, we will attempt to contact the adults above in the order they appear.

(1)Parent/Guardian Name	Relationship
Primary Phone	Secondary Phone
Email Address	
(2)Parent/Guardian Name	Relationship
Primary Phone	Secondary Phone
Email Address	
(3)Alternate Emergency Contact Name	Relationship
Primary Phone	Secondary Phone
Email Address	

I give permission to Colchester Farm Community Supported Agriculture (CFCSA) to photograph my child during program activities and to use their photo or other digital reproduction for CFCSA's website or print materials for promotional or informational purposes.

Signature of Parent/Guardian _____ **Date** _____
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Required Health and Safety Information for (Child's Name): _____

Participant's Physician

Name		Phone
Address		
City	State	Zip

Participant's Health Insurance

Name of Primary Insured	Provider/Company Name	Policy Number
	Provider/Company Phone	Group Number

Participant's Medical History: additional documentation may be required.

YES	NO	Insect Allergies (eg. Bees)? Specify type, severity, treatment:
YES	NO	Plant/Other Allergies (eg. Hay or Mold)? Specify type, severity, treatment:
YES	NO	Food Allergies? Specify type, severity, treatment:
YES	NO	Medication Allergies? Specify type, severity, treatment:
My child will carry an Epi-pen (Y / N) and is permitted to self-administer (Y / N).		
YES	NO	Asthma?
My child will carry an albuterol inhaler (Y / N) and is permitted to self-administer as needed (Y / N).		
YES	NO	Seizures? Explain:
YES	NO	Current tetanus shot? Date:
YES	NO	Other health problems or concerns?
YES	NO	Current medications being taken:
YES	NO	Other health problems or concerns?
YES	NO	May your child have Benadryl in case of allergic reaction or life-threatening emergency?

RELEASE STATEMENT: This health history is correct so far as I know, and the person herein described has permission to engage in all program activities (including but not limited to walking/hiking, riverbank exploration, farm tasks, nature observation, and tasting/eating food products) except as noted by me. I am aware that in the event of an emergency, reasonable attempts will be made to contact myself and others listed within. Further, severe circumstances as deemed necessary by CFCSA personnel may warrant more immediate response, and I hereby give permission to CFCSA to authorize medical treatment for my child provided by the nearest available medical facility. I agree to pay all costs associated with such treatment including transportation. I understand there are inherent risks associated with any outdoor activity and agree to not hold CFCSA or any of its agents, officers, or employees responsible for damages resulting from injuries or loss of property.

Signature of Parent/Guardian _____ **Date** _____