

2017 Flamig Farm Summer Adventure Camp Application

P.O. Box 246 West Simsbury CT, 06092
(860) 658-5070

For Office Use Only:
Pd. Deposit: _____
Cash: _____ Ck# _____
Date Received: _____
Balance Due: _____
Balance Paid: _____
Cash: _____ Ck# _____
 Health Form on File
LF FH

PLEASE USE A SEPARATE APPLICATION FOR EACH CHILD

CAMPER INFORMATION			<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Name: _____			
Last		First	
Age: _____	Date Of Birth: ____/____/____	Sibling(s) also attending this summer: _____	
(PLEASE: AGE AT CAMP TIME!)			
Address: _____			
#		Street	City, State, Zip

PARENT/GUARDIAN			
Name(s): _____			
Phone: Home: _____	Cell: _____	Email: _____	
<i>In Case of Emergency Alternate Contact (and relationship):</i> _____			
Phone: Home: _____		Cell: _____	

I would like for my child to attend camp the week(s) of: <i>(check all that apply)</i>	
<input type="checkbox"/> Week 1 (June 26 –June 30)	<input type="checkbox"/> Week 5 (July 24 -July 28)
<input type="checkbox"/> Week 2 (July 3-July 7)	<input type="checkbox"/> Week 6 (July 31 – August 4)
<input type="checkbox"/> Week 3 (July 10-July 14)	<input type="checkbox"/> Week 7 (August 7 -August 11)
<input type="checkbox"/> Week 4 (July 17-July 21)	
I understand children are grouped by age of the YOUNGEST child. If possible, please place my child in a group with (please print): _____	

I understand that: READ AND SIGN BELOW, PLEASE

+Child will not be allowed into camp without a Health Form signed by parent/guardian and physician, and the form **MUST** be submitted **no later than 14 days** prior to first camp session date or **ALL FEES MAY BE FORFEITED**.

+If child has medical concerns, dietary restrictions, or medication needs (including injections), a Medication Administration Authorization Form **MUST** be submitted **no later than 14 days prior to first camp session date**.

+Cancellations up to 14 days prior to the first session date will be refunded, minus a \$50 administration fee, **ONLY** if Flamig Farm can fill that canceled camper's slot. If slot can't be filled, **ALL FEES MAY BE FORFEITED**.

+Cancellations within 14 days of the first session date will result in **NO REFUNDS** (forfeiture of full camp fee).

+Requests for changes from one session to another may only be made up to 14 days prior to original camp session date, and only **if the original session slot can be filled**. All changes will be charged a \$50 administration fee.

+Flamig Farm reserves the right to group campers in whatever way will best address the combined ages of enrolled campers for each session. Flamig Farm will not guarantee that requests for camper groupings will be honored.

I give Flamig Farm permission to use my child's picture in any media (website, Facebook, ads). YES / NO WE NEVER PUBLISH NAMES OF CAMPERS.

I give my child permission to self-administer bug spray and/or sunscreen that he/she brings to camp. YES / NO

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