



Camp Creative 2021

Camper Registration Form

Inspiring Your Child, LLC and the Luina Greine Farm and Farm School welcome you to Camp Creative 2021! We look forward to having some summer fun with your camper! We will need a separate form for each camper. Please fill out the following document to the best of your ability. **THIS FORM IS DUE BY JUNE 7th.**

Please email it to GoingInCirclesStudio@gmail.com or mail it to:

Liz Breeman, 173 Gratuity Rd, Groton, MA, 01450 (needs to arrive by June 7th)

Guardian First and Last Name:

Phone #:

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Mailing Address:

Street

Town

State

Zip Code

Email Address:

Do you want to receive news about upcoming IYC events by email? Yes__ No__

Camper Information:

Please be as honest and detailed as possible about any medical details or behaviors we should know about so that we can make the camp experience a positive one for your child, staff, and other campers. All medical and other personal information is kept strictly confidential. Thank You!

First and Last Name of Camper:

Age:

Grade PreK-12:

School:

My child is signed up for: GROUP 1 ____ GROUP 2 ____

My child is signed up for: Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____

I wish to sign up for Extended Care: (\$10 per session selected.) AM: 7:30-9:00 PM: 3:00-5:00
Please see the camp info sheet for more info and payment details. (Not extension of camp activities.)

Week 1: AM: M ____ T ____ W ____ Th ____ F ____ **PM:** M ____ T ____ W ____ Th ____ F ____

Week 2: AM: M ____ T ____ W ____ Th ____ F ____ **PM:** M ____ T ____ W ____ Th ____ F ____

Week 3: AM: M ____ T ____ W ____ Th ____ F ____ **PM:** M ____ T ____ W ____ Th ____ F ____

Week 4: AM: M ____ T ____ W ____ Th ____ F ____ **PM:** M ____ T ____ W ____ Th ____ F ____

Week 5: AM: M ____ T ____ W ____ Th ____ F ____ **PM:** M ____ T ____ W ____ Th ____ F ____

Total # of Sessions: _____ (Last Minute? Sign up with 24hr notice via email or phone to a Camp Director.)

Shirt Size (for camp shirt): Youth XS__ S__ M__ L__ XL__ or Adult S__ M__ L__

Are there any behaviors or other concerns you would like us to know about ahead of time?

HEALTH:

We require your child's immunization records, doctor's authorization, and proof of a physical within the last 2 years (most doctors are familiar with this request and usually have a form they can easily produce for you!). **We must receive these health records by June 21st.** All medical and other personal information is kept strictly confidential.

Please give us a brief overview of any medical concerns:

Allergies: _____

Are any of these allergies high severity? Yes__ No__ (If yes we will be in contact to create an emergency plan with you for your camper.)

Medications - Prescription and over the counter that would come with them to camp or have side effects that we should be aware of during the day. (Please see the camp information sheet for rules on handling medications.)

Any other medical info or needs we should know to help keep your camper safe:

Emergency Contacts: We will have a full first aid kit on site and we have adults trained in both First Aid and CPR. Depending on the severity of the emergency we will call 911 first.

You are the contact or you give the person listed below authorization to make decisions for you child's immediate care in case of an emergency and you cannot be reached. *Two contacts are required.*

Emergency Phone # (1): (____)_____-_____

Name of Contact: _____

Emergency Phone # (2): (____)_____-_____

Name of Contact: _____

Guardian's Signature:

_____ Date: _____

Printed Name

AFTERNOON PICK UP:

Camp staff may only release your camper to an adult who is listed on the release authorization section of this form (next page). The listed adult (including yourself) must present a staff member with a photo ID to pick up your camper. After we check the photo ID, you must sign out your camper.

***We will not release campers to anyone not authorized below or who lacks a photo ID. It is your responsibility to inform the adults authorized to pick up that they will need to bring a photo ID with them in order to pick up your camper. We cannot release campers into their own custody or allow them to walk home, by law. No exceptions. Please see the Late Pickup Policy for details about late fees.

Pick Up Time: 2:45 pm - 3:00 pm **Extended PM Care Pick Up:** 3 pm - 5 pm
During Pick Up the Camp Staff may release your camper to the following Adults who will follow camp pick up procedure as outlined in the previous section and in the Camp Information and Procedures Document:

Authorized Pickup Person (1):

Full Name: _____

Phone #: (_____) _____ - _____

Authorized Pickup Person (2):

Full Name: _____

Phone #: (_____) _____ - _____

Authorized Pickup Person (3):

Full Name: _____

Phone #: (_____) _____ - _____

Please read and sign the Liability Waiver on the next page to complete this packet. Thank You!



Inspiring Your Child, LLC Liability Waiver

A. LIABILITY: I acknowledge and fully understand that I/my child will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my/my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my/my child's participation. I assume the foregoing risks and accept full responsibility for any personal injuries sustained by myself/my child which might incur as a result of participating in this program and discharge and hold harmless Inspiring Your Child, LLC, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to me/my child or other persons or property caused by my participation in the Inspiring Your Child, LLC event.

B. CONDUCT OF PARTICIPANT: I or on my child's behalf agree to comply with all Inspiring Your Child, LLC rules, policies and regulations. I fully understand that Inspiring Your Child, LLC reserves the right to cancel any participant's enrollment if their physical or mental condition, as disclosed by personal questionnaire, medical, or otherwise, is deemed to be detrimental to themselves or to others during the event. In such cases, the unused portion of Inspiring Your Child, LLC event fees will be refunded. I fully understand that Inspiring Your Child, LLC reserves the right to dismiss a participant whose conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Inspiring Your Child, LLC event. In this case No Refund will be made as this is a violation of Inspiring Your Child, LLC policies. I agree to Hold Harmless and indemnify Inspiring Your Child, LLC if I or my child damages property or injures or harms any individual.

C. PERSONAL BELONGINGS: I or on my child's behalf, understand Inspiring Your Child, LLC is not responsible and are held harmless for damage or loss of money, jewelry, equipment, clothing or other personal articles. I understand that bringing any valuable items to Inspiring Your Child, LLC events is at our own risk.

D. PHOTO RELEASE: I give Inspiring Your Child, LLC permission to use photographs, videos or audio recordings of myself or my child for any Inspiring Your Child, LLC promotional materials. I understand that I or my child will not be identified by name, nor will any compensation be extended for such use.

E. MEDICAL: If it is necessary, in the judgment of Inspiring Your Child, LLC Directors, to seek and use outside emergency medical, dental, or other aid for the participant's immediate health, I hereby permit and authorize him/her to do so.

I, individually or as parent and/or guardian of the child enrolling in an Inspiring Your Child, LLC event hereby acknowledge the above notices and grant to Inspiring Your Child, LLC its owners, directors, members, employees and agents release from any claim, cause of action, or liability for damages.

Parent's Name: _____ Date: _____

Parent Signature: _____

Email address: _____

Phone #: (_____) _____ - _____