



# 2026 Coyote Camp Summer Registration Form

To hold a spot for your child for your preferred camp weeks, please send us this registration form and **FULL** payment *for each week* your child will attend camp by **April 4**. You may email the form to: [summer@fieldfarmandforest.org](mailto:summer@fieldfarmandforest.org)

Camp Tuition and Forms can be mailed to: PO Box 334, East Burke VT 05832

Coyote Camp Information:

Ages 6-10

Monday - Friday 9am-2pm

Weeks: June 15-19, June 22-26, June 29-July 3, July 6-10, July 13 -17, July 20-25, July 27-31, August 3-7, August 10-14

Rate: \$280/wk

**Tuition payments are non-refundable after May 1st. Cancellations requested before May 1st will result in a 50% refund.**

Child's Name: \_\_\_\_\_ Preferred nickname? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age when starting the program: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with: \_\_\_\_\_

My child will attend **Coyote Camp**:

June 15-19    June 22-26    June 29- July 3    July 6-10

July 13-17    July 20-24    July 27-31    August 3-7    August 10-14

Please provide two emergency contact phone numbers **other than** parents/guardians (ie, relative, family friend, neighbor, etc).

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

### Health Information

Please list any special medical, developmental, emotional or educational needs your child may have including allergies, food sensitivities, existing illnesses or injuries, previous serious illnesses or injuries, any prescribed medication including those for emergency situations or any other special circumstances that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check off the medications/applications that staff may administer to your child:  sunscreen  insect repellent  
 other \_\_\_\_\_

### Field, Farm and Forest AGREEMENTS & UNDERSTANDINGS

*Please initial the following*

\_\_\_ I understand my child will be taking walking trips, sometimes up to 1 mile long.

\_\_\_ I understand that Field Farm and Forest requires all children are independent in toileting.

\_\_\_ I understand my child will be outside for long periods throughout the day and should be dressed appropriately for any weather.

\_\_\_ I understand that when the children are outside, there are no fences. This means that if a child is a runner, FFF needs to know this ahead of time. FFF does not have funding for one-on-one support. If an educator has to leave to follow a child, that leaves the other educators short-handed. If a child is being unsafe in the woods and refusing to work with FFF educators, they will have to ask the caregivers to come pick up the child.

\_\_\_\_ I have read and understood the Field Farm and Forest Family Handbook.

\_\_\_\_ I give my child \_\_\_\_\_ permission to participate in walking trips.

\_\_\_\_ I give my child \_\_\_\_\_ permission to use hand tools including but not limited to hammers, screwdrivers, and whittling peelers. I understand that my child will be supervised at all times during use.

\_\_\_\_ I understand that my child \_\_\_\_\_'s participation in this program may increase their chance of exposure to diseases, including but not limited to Covid-19. Prevention measures will be implemented with CDC and state guidelines in mind.

**FIELD FARM AND FOREST  
MEDICAL EMERGENCY**

I hereby authorize and grant permission for Field, Farm and Forest and its employees to act on my behalf according to their best judgment in the event of a medical emergency or any and all injuries and illnesses sustained or experienced during my child's participation in activities, including but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical/hospital facility. I understand that in the event of an emergency or injury, Field, Farm and Forest will make reasonable attempts to contact me or my designated emergency contact.

By signing below, I further acknowledge that my child named below has health insurance and is covered by my personal medical insurance policy. I understand that I am responsible for any medical fees, including co-payments or other expenses not covered or denied by my health insurance policy.

The undersigned, the parent(s)/legal guardian(s) of Participant, has (have) reviewed the foregoing agreement and hereby consent(s) and agree(s) to the same.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_ Date \_\_\_\_\_ (Signature  
of Parent(s)/Legal Guardian(s))

\_\_\_\_\_  
(Print Name(s))

**EMERGENCY EVACUATION RELEASE**

In the event of an extreme emergency where evacuation is required, I give permission for my child \_\_\_\_\_ to be transported by Field Farm and Forest, its representatives, or employees, by any means necessary to a safe location. I understand that every possible effort will be made to reach me in this event.

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

**FIELD FARM AND FOREST  
PHOTO RELEASE\***

I hereby consent that photographs taken of my child may be used by Field, Farm and Forest and its assigns and successors, for the Field, Farm and Forest website, social media pages, external publications, newspaper articles, and/or promotional materials about Field, Farm and Forest and/or Field, Farm and Forest Programs. I understand that photographs used will not include personally identifiable information. I release Field, Farm and Forest from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent(s)/Legal Guardian(s))

\_\_\_\_\_  
(Print Name(s))

**\*The photo release is optional. If you do not wish to give consent for photos, your child may still participate in activities.**