



Summer Camp Registration Form

Camp Dates & Time: Check one

If filling out for siblings, put their name next to the camp they will be attending. If you have siblings that want to be in the same camp but are not in the same age category we prefer the older one joining the younger camp.

Farm Camp: We'll learn about farm jobs like milking goats, animal care, gardening, and caring for the land and environment. We'll spend the day outside connecting with nature, tasting all the different foods our farm has to offer, walking trails, playing with water, story time, playing games, making crafts, learning about our food system and making new friends.

Farm Camp 1 kid: \$275 includes t-shirt, Size (kids or adult S, M, or L)_____

Farm Camp Cost 2 siblings: \$500 includes 2 t-shirt, Size (kids or adult S, M, or L)_____

_____**Farm Camp July 24th-27th 8:30 am-12:00 pm 8-12 year olds**

Circus Camp cost 1 kid \$300 includes t-shirt, Size (kids or adult S, M, or L)_____

Circus Camp cost 2 siblings \$550 includes 2 t-shirt, Size (kids or adult S, M, or L)_____

_____**Circus Camp; July 17th - 21nd 8:30 am-12:00 pm 5-14 year olds.** Kids will learn different circus skills like acrobatics, juggling, Hula Hoop, and clowning. Friday will be a presentation put on by the kids at the end of camp. Friday performance time TBD.

Please make medical needs clear if filling one form out for multiple kids

Kid Name: _____ Age at camp: _____

Kid Name: _____ Age at camp: _____

Address: _____

City: _____ State: _____ Zip _____

Parent Name: _____ Relation to child _____

Parent Name: _____ Relation to child _____

Email Address: _____ cell: _____

Emergency Contact/relation: _____ phone: _____

Second Emergency Contact/relation: _____ phone: _____

Allergies? (medication, foods, etc.) Yes No We will be trying goat's; milk, ice cream, and cheese, chicken eggs or duck eggs, and ostrich peperoni.

If Yes: _____

Is your child currently on any medication that needs to be taken during camp, including EpiPen or inhalers? Yes No

If yes, written permission from a parent or guardian will be necessary to accompany the medication and the medications must be self-administered.

My child may be given non-prescribed medication as indicated on the container, including sunscreen (please pack their own if they have sensitive skin), anti-bacterial first aid cream, insect sting/bite cream. **Yes No**

Pick Up: My child will be picked up from camp by: (Photo Identification required)

Is there information you would like to share with us that will help maximize your child's camp experience please us prior to the start of camp or provide information below.

Animal Experience: Does your child have experience with animals? **Yes No**

If so, what kind and what is the comfort level? _____

My child may be photographed for sharing photos, publicity, news: (please circle below)

Yes No

Emergency Release: Parent/Guardian Signature I give permission, in the event of an emergency, for first aid to be administered to my child and emergency medical treatment including transportation by ambulance to the nearest hospital, should it be necessary. I understand that every effort will be made to contact me.

Being a functioning farm, we do have live animals, equipment, and tools. Although we take precautions and much care, accidents could occur. I am aware of this and assume the risk.

ORS 30.677 Notice

Under Oregon law, there is no liability for an injury to or the death of a participant in an agri-tourism activity conducted at this agri-tourism location if the injury or death results from the inherent risks of the agri-tourism activity. Inherent risks of agri-tourism activities are 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. You are assuming the risk of participating in this agri-tourism activity.

Please pay a \$100 deposit upon registration, non-refundable. The final payment is due on June 12, 2023. Payment must be received prior to the start of camp. We accept cash, card (square invoice emailed), check, or Venmo (Triskelee Farm @Nichole-Linehan).

_____ pay in full now _____ pay final payment by 6/12/23

Payment method: ____Cash, ____Square Invoice, ____Check, or ____Venmo.

Your signature below states that you understand and agree to all of the above and that you release Triskelee Farm from any liability.

Parent/Guardian Signature

Date



Triskelee Farm
@Nichole-Linehan

