2021 SUMMER ON THE FARM



Registration Form

Please use a separate registration form for each child. Date Registration Received:				
CAMPER INFORMATION: Child's Name: Street Address: City, State, Zip:	Telephone: Sex: M / F			
School Attended:				
Work Number:	Relationship to Child: Street Address: City, State, Zip: Work Number: Email Address:			
SELECT YOUR WEEKS: (Note: No Wilson County or Teen Camp Week Reservation: Please ch Week 1: 6/1-6/4 Welcome Week	neck the weeks your child will be attending.			
Week 1: 6/1-6/4 Welcome Week Week 2: 6/7-6/11 Camp Throwdown	Week 6: 7/5-7/9 LFC Olympics Week 7: 7/12-7/16 Gameshow Mania			
Week 3: 6/14-6/18 June Madness	O Week 8: 7/19-7/23 COLOR WARS			
Week 4: 6/21-6/25 Myth Busters Week 5: 6/28-7/2 Party in the USA	Week 9: 7/26-7/30 Wet, Wild n Wacky			
The Automatic Billing section must be filled out unless you a	are paying tuition in full at time of registration.			
REGISTRATION PAYMENT INFORMATION:	Automatic Billing: Please submit one of the following			
Registration Fee: \$ 50 Deposit Due: (Multiply # weeks x \$25) + \$ Total Due to Reserve a Spot in Camp: \$	DEBIT/CREDIT CARD: Card # Exp. Date Name on card CVV #			
\$10.00 Referral Discount Referred By: New Families: If you were referred to the Langford Farms Summer Camp program, please write the referring family above (one).	ELECTRONIC FUNDS TRANSFER: Bank Name ABA # Acct. # Name on Account Checking Savings			
Must both be registered for 4 weeks for discount to apply. Friend Request:	Signature			



LANGFORD FARMS CLUB 2021 Emergency Form (one form per child)

Camper's Name	Birthda	te					
		one Work Phone					
Father's Name	Cell Phone Work Phone						
Medical: Is there any reason to restrict the child If yes, please explain							
Does the child have any physical or en If yes, please explain	notional conditions req	uiring special atte	ntion by camp staff	? Y/N			
Are there any situations that can caus If yes, please explain							
Do you have any behavior manageme	nt suggestions for your	child?					
Is the child on any medications (prescrif yes, please explain							
Does the child have any known allerging lf yes, please explain							
Health Insurance Information:		Doliny Holdow's Na					
Insurance CompanyPolicy Group Number	 Doctor	Policy noider's Na	Mumber				
Emergency Contact and Authorized P In addition to the persons listed above event of an emergency or be available identification to staff. Your child will r	ersons: e, only these individual for drop-off/pick-up.	s listed below hav All individuals list	e authorization to c ed below should be	are for my ch prepared to	nild in the show		
Name	Relationship to Child	Emergency Contact Y / N	Phone Number	Drop-off ✓	Pick-up ✓		
Authorization for Emergency Medical I hereby give my authorization to the for the doctor, hospital, or medical see emergency arise. I accept all expenses	Langford Farms Club to rvice to provide emerg	ency medical care		•			
Signature of Parent or Guardian	Print		Date				
				(

LANGFORD FARMS CLUB

LANGFORD FARMS CLUB Permission Forms and Waivers (one form per child)

Sunscreen Permission Form: The Langford Farms Club sunscreen policy is to have children apply sunscreen themselves, with a parent-provided sunscr they wish their child to have, under the supervision of LFC camp staff. Please apply sunscreen before arriving at camp an child's first and last name clearly labeled on the bottle. By signing below, I agree to allow camp staff and/or other campe in applying sunscreen, as necessary, throughout the day. Signature of Parent or Guardian Print Date Photo Permission Form: I give permission and consent for my child to allow photographs to be taken during camp session activities. I further give and consent that any such photographs may be published and used by the Langford Farms Club to illustrate and promote Langford Farms camp experience and its camp programs. Signature of Parent or Guardian Print Date Field Trip Permission Form: (Senior Camp Only) The Langford Farms Club middle school summer camp program will be taking weekly field trips throughout the summer. convenience for you, we would like to extend a permission form that will suffice for all planned activities during the weel is registered for. By signing below, you agree to grant permission for the child listed above to participate in all scheduled as part of the Langford Farms Club summer camp program. As parent or guardian, I release the Langford Farms Club age employees and representatives from all claims, liability, and damages for personal injuries, property damage, or other los out of, or in connection with these field trips. Signature of Parent or Guardian Print Date Lost/Stolen/Damaged Personal Items:	
The Langford Farms Club sunscreen policy is to have children apply sunscreen themselves, with a parent-provided sunscrethey wish their child to have, under the supervision of LFC camp staff. Please apply sunscreen before arriving at camp and child's first and last name clearly labeled on the bottle. By signing below, I agree to allow camp staff and/or other campe in applying sunscreen, as necessary, throughout the day. Signature of Parent or Guardian Print Date Photo Permission Form: I give permission and consent for my child to allow photographs to be taken during camp session activities. I further give and consent that any such photographs may be published and used by the Langford Farms Club to illustrate and promote Langford Farms camp experience and its camp programs. Signature of Parent or Guardian Print Date Field Trip Permission Form: (Senior Camp Only) The Langford Farms Club middle school summer camp program will be taking weekly field trips throughout the summer. convenience for you, we would like to extend a permission form that will suffice for all planned activities during the week is registered for. By signing below, you agree to grant permission for the child listed above to participate in all scheduled as part of the Langford Farms Club summer camp program. As parent or guardian, I release the Langford Farms Club age employees and representatives from all claims, liability, and damages for personal injuries, property damage, or other lost out of, or in connection with these field trips. Signature of Parent or Guardian Print Date	
Photo Permission Form: I give permission and consent for my child to allow photographs to be taken during camp session activities. I further give and consent that any such photographs may be published and used by the Langford Farms Club to illustrate and promote Langford Farms camp experience and its camp programs. Signature of Parent or Guardian Print Date Field Trip Permission Form: (Senior Camp Only) The Langford Farms Club middle school summer camp program will be taking weekly field trips throughout the summer. convenience for you, we would like to extend a permission form that will suffice for all planned activities during the week is registered for. By signing below, you agree to grant permission for the child listed above to participate in all scheduled as part of the Langford Farms Club summer camp program. As parent or guardian, I release the Langford Farms Club age employees and representatives from all claims, liability, and damages for personal injuries, property damage, or other los out of, or in connection with these field trips. Signature of Parent or Guardian Print Date	id have your
I give permission and consent for my child to allow photographs to be taken during camp session activities. I further give and consent that any such photographs may be published and used by the Langford Farms Club to illustrate and promote Langford Farms camp experience and its camp programs. Signature of Parent or Guardian Print Date Field Trip Permission Form: (Senior Camp Only) The Langford Farms Club middle school summer camp program will be taking weekly field trips throughout the summer. convenience for you, we would like to extend a permission form that will suffice for all planned activities during the week is registered for. By signing below, you agree to grant permission for the child listed above to participate in all scheduled as part of the Langford Farms Club summer camp program. As parent or guardian, I release the Langford Farms Club age employees and representatives from all claims, liability, and damages for personal injuries, property damage, or other los out of, or in connection with these field trips. Signature of Parent or Guardian Print Date	
Field Trip Permission Form: (Senior Camp Only) The Langford Farms Club middle school summer camp program will be taking weekly field trips throughout the summer. convenience for you, we would like to extend a permission form that will suffice for all planned activities during the week is registered for. By signing below, you agree to grant permission for the child listed above to participate in all scheduled as part of the Langford Farms Club summer camp program. As parent or guardian, I release the Langford Farms Club age employees and representatives from all claims, liability, and damages for personal injuries, property damage, or other los out of, or in connection with these field trips. Signature of Parent or Guardian Print Date	
The Langford Farms Club middle school summer camp program will be taking weekly field trips throughout the summer. convenience for you, we would like to extend a permission form that will suffice for all planned activities during the week is registered for. By signing below, you agree to grant permission for the child listed above to participate in all scheduled as part of the Langford Farms Club summer camp program. As parent or guardian, I release the Langford Farms Club age employees and representatives from all claims, liability, and damages for personal injuries, property damage, or other los out of, or in connection with these field trips. Signature of Parent or Guardian Print Date	
I understand that Langford Farms is not responsible for lost, stolen, misplaced or damaged personal property at the campon camp property, and I hereby agree to release Langford Farms Club from such liability.	field trips ents, ss arising
Signature of Parent or Guardian Print Date	
Liability Participation Waiver:	
I agree to allow my child to participate in any activities and programs offered as part of the summer camp program at Lar Farms Club. I agree that my child will abide by all rules and regulation relating to the operation and conduct of the program use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulation result in his/her being excluded from participation in the program. I represent that my child is physically able to participation program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the Langford Faumer camp program, Langford Farms Club, and their respective directors, officers, employees, volunteers, agents, and representatives from any and all liability occurring as a result of his/her participation in the program. I will be personally for any financial costs incurred as a result of his/her participation, including, without limitation, transportation and/or me expenses incurred as a result of any injury. The undersigned has read and voluntarily signed this waiver Signature of Parent or Guardian Print Date	am and the tions may ate in the any kind, farms d/or responsible