

Camp Candlewood Summer 2026 Registration



Dear Parent,

Thank you for your interest in Camp Candlewood! Please complete and return this registration packet via email to info@candlewoodacres.com along with the \$200 camp fee via Zelle. (Zelle ID: info@candlewoodacres.com)

Both the registration form and camp fee must be completed to secure your child's spot at camp.



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Which week of camp would you like to sign up for?

- Week 1: June 15-19, 2026
- Week 2: July 6-10, 2026

Child's Information

Full Name: _____ Date of Birth: _____

Prefers to be called: _____ Gender: __M __F Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian Information

Full Name: _____ Relationship to Child: _____

Date of Birth: _____

Email Address: _____ Cell Number: _____

Home Address (if different from child): _____

Home Phone: _____ Employer: _____

Work Phone: _____ Work Address: _____



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Participant Conduct

The Candlewood Foundation is committed to providing a safe and supportive environment for all participants. By signing this agreement, I acknowledge that my child is expected to follow program rules, respect staff and other participants, and participate in a manner that does not pose a risk to themselves or others.

The Organization further reserves the right to dismiss a participant at any time, with or without notice, if the participant's behavior is deemed unsafe, disruptive, or not in alignment with the program's expectations. No refund is guaranteed in the event of dismissal.

Because the participant is under 18 years of age, I give permission for my child to participate fully in all program activities.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Health and Medical Information

Known allergies (please provide the allergy action plan along with medical documentation):

Symptoms and procedures for minor allergic reaction: _____

Medication child needs on regular basis: _____

Any special needs and health requirements including asthma or seizures (please provide medical documentation): _____

In the event of an emergency involving my child, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



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Health and Medical Information Continued

I give Candlewood Foundation permission to apply one or more of the following non-prescription topical ointments/preparations to my child in accordance with the directions on the label of the container. *(please check all that apply):*

- | | |
|---|--|
| <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> Neosporin Or Similar Ointment |
| <input type="checkbox"/> Bactine Or Similar First Aid Spray | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Band Aids | <input type="checkbox"/> Chapstick |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Other (Please List): |
| <input type="checkbox"/> Anti-Itch Cream | _____ |
| | _____ |

Sick Child Policy And Medication Administration

If your child has any of the following conditions or symptoms, you will be contacted to pick up your child immediately. During this time, your child will be removed or isolated from the other students and kept as comfortable as possible.

1. A Fever Of 101 Degrees Or Above
2. Vomiting
3. Diarrhea
4. A Skin Rash, Lesion, Or Wound With Bleeding, Oozing, Pus, Or Clear Fluid
5. Conjunctivitis/Pink Eye
6. Excessive Bodily Fluid Secretions *(Such As, But Not Limited To Mucus From The Nose Or Eyes)*
7. Excessive Coughing Or Sneezing *(Coughing Or Sneezing That Is Abnormal In Nature)*
8. Children Lethargic, Wanting To Sleep, And Not Participating In Activities
9. Any Contagious Or Communicable Illness Or Disease

In order for your child to return to camp, your child must be symptom free for a full 24 hours. If your child returns to camp within the 24 hours after being sent home, he/she will be sent home.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



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Media Release

I, _____, parent/guardian of

Child Name _____

Child Name _____

Child Name _____

Child Name _____

- DO give permission for The Evergreen School to take photos and/or videos of the child(ren) listed above for The Evergreen School's purposes including but not limited to social media, marketing, and fundraising.

- DO NOT give permission for The Evergreen School to take photos and/or videos of the child(ren) listed above for The Evergreen School's purposes including but not limited to social media, marketing, and fundraising.

Parent/Guardian Signature: _____ Date: _____



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Release of Liability and Assumption of Risk

In consideration for being permitted to participate in activities associated with Candlewood Foundation (the "Organization"), I, the undersigned parent or legal guardian of the participant named below, hereby agree as follows:

The undersigned, on behalf of themselves and the participant, hereby releases, waives, discharges, and agrees not to sue: Candlewood Foundation Inc. and all respective members, managers, officers, employees, agents, volunteers, contractors, and representatives (collectively, the "Released Parties") from any and all liability, claims, demands, or causes of action arising out of or related to any injury, illness, damage, loss, or death, whether caused by negligence or otherwise, while participating in or attending any activities on or related to the premises.

The undersigned understands that participation in Camp Candlewood a farm-based day-camp, may include a variety of activities, including but not limited to:

- Gardening, planting, harvesting, and other agricultural work
- Interaction with farm animals (including feeding, handling, and caring for animals)
- Use of farm tools and equipment (such as hand tools, wheelbarrows, and age-appropriate implements)
- Outdoor play and exploration in natural environments (including woods, fields, uneven terrain, and water features)
- Cooking, food preparation, and use of kitchen equipment
- Building, crafting, and hands-on projects
- Exposure to weather conditions, insects, plants, and wildlife
- Group games, physical activity, and free play

The undersigned acknowledges that activities occur on a rural, agricultural property that may include inherent hazards. The undersigned acknowledges the presence of livestock and animals, including but not limited to chickens, rabbits, pigs, goats, cattle and horses, which may behave unpredictably. The undersigned understands and accepts risks including, but not limited to:

- Uneven or natural terrain
- Fencing, gates, and agricultural structures
- Mud, holes, natural obstacles, and water features
- Tools, equipment, and machinery
- Exposure to outdoor and weather conditions
- Bites, kicks, scratches, or trampling
- Sudden or unexpected animal behavior
- Allergic reactions or exposure-related conditions

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____