

Hidden Meadow Farms Summer Camp Registration Form

Name (last) _____ (first) _____
Birthdate _____
Address _____ City _____ Zip _____
Parent or Legal Guardian _____
Home Phone # _____ Work Phone # _____
Email _____
Emergency Contact _____ Phone # _____
Name of Person(s) Allowed to Pick Up Child:

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. (Please describe below.)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Days Attending (check all that apply):
June 5-9th _____ July 10-14th _____ August 7/31-4th _____
Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ All Week ____
Amount Paid* _____ Paid via: _____

*Deposit of 50% must be received to ensure reservation. Balance due on first day of camp.
Fees will not be pro-rated. Hidden Meadow Farms retains up to 20% on all transactions.
Absolutely no refunds after the first day.

Please note: A liability release form will need to be completed and submitted along with this registration form.

Email form(s): Hiddenmeadowllc@gmail.com

Hidden Meadow Farms
8231 S County Road 39 Plant City, Florida 33567

Parent/Guardian signature

Date

