

Family Farm Christian Day Camp!

Name _____ Age _____ Sex M/ F Birthday ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Phone # Resident _____ Phone # if parents cannot be reached at home or work _____

Father's Name _____ Father's Work Place _____ Father's Phone _____

Mother's Name _____ Mother's Work Place _____ Mother's Phone _____

Physician's Name _____ Work Place _____ Physician's Phone _____

Additional Information: _____

Father's Email: _____ Mother's Email: _____

DAY CAMP CONSENT FOR EMERGENCY MEDICAL CARE. TRANSPORTATION. FIELD TRIPS, AND CAMP ACTIVITIES. I hereby request and give consent to the directors of Family Farm or duly appointed representative, for my child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency, when the parents cannot be reached. I also give my consent for Family Farm to take my child on designated field trips or to transport in emergencies. My child has permission to participate in activities such as horseback riding, archery, riflery, fishing, Canoeing, rid-ing cable swings, games, creek activities and other activities that the camp directors feel are safe and supervised. I give Family Farm Camp permission to use photos taken of my child at camp for camp publications.

Parent or Guardian signature (must be signed) _____

FEES: Camp Fee - \$100.00 (1 child) — \$180.00 (2 children) — \$270.00 (3 children) (must be siblings) Deposit \$20.00

* Deposit is part of total registration — Transportation Fee -\$10.00 per week/per child. Please include transportation fee with registration.

2009 Camp Dates. Please Check One

Camp 1 June 8-11 _____ Camp 2 June 15-18 _____ Camp 3 June 22-25 _____ Camp 4 June 29-July 2 _____

Camp 5 July 6-09 _____ Camp 6 July 13-16 _____ Camp 7 July 20-23 _____ Camp 8 July 27-30 _____

Transportation needed from:

Benton _____ Hot Springs _____ Arkadelphia _____

FEES ENCLOSED: Camp Fee _____ Transportation Fee _____ Deposit _____ *Deposit is part of Total Registration.* TOTAL ENCLOSED _____

MAIL TO: FAMILY FARM — 18448 Hwy 67 — Malvern, AR 72104

2009 Registration