



Camp Geronimo
Application Form Part A

Name of Child _____

Age: _____ Date of Birth: _____ Sex: _____

Name of Parent/Guardian: _____

Home Phone: _____ Cell: _____ Business: _____

E-mail: _____

Home Address: _____

Choice of Week (circle): June 21 July 5 July 19

Emergency Contact: _____ Cell/Phone: _____

Describe child's disability or illness:

Please share any information that you feel would help us better know your child; special interests, likes, dislikes, etc:

How do you hope your child will benefit from his/her camp experience?

How did you hear about Camp Geronimo?

Signature of Parent/Guardian: _____ Date: _____



**Camp Geronimo
Application Form Part B
MEDICAL FORM**

Name of Child: _____ Age: _____

Primary Physician: _____ Telephone: _____

Specialist: _____ Telephone: _____

Health Insurance Co. _____ ID# _____

Disability or Illness Diagnosis: _____

Allergies: (please circle) Food Medicines Insects Plants Animal Dander Grass Hay/Straw Dust

Other/Specify: _____

Food or Dietary Restrictions: _____

Date of Last Tetanus Shot: _____

Will your child require medication to be administered during the camp day? _____

If so, please bring medicine in original container with child's name and specific handwritten directions. Medications need to be hand-delivered to the Camp Nurse.

Does your child utilize any of the following? (check) Feeding Tube _____ Glasses _____

Hearing Aid _____ Wheel Chair _____ Walker _____ Crutches _____ Other _____

****Please obtain a doctor's written permission for your child to attend an outdoor camp incorporating animal assisted activities and submit it to The Barn on or before the first day of camp. Children without signed medical forms will not be allowed to participate.****

Signature of Parent/Guardian: _____ Date: _____



**Camp Geronimo
Application Form Part C
RELEASE OF LIABILITY**

This release is executed and delivered this _____ day of _____, 2010, by _____, parent/guardian of _____ on behalf of heirs, executors, administrators, successors and assigns (collectively the "Releasor").

In consideration of being allowed to participate in any activities at The Barn at Spring Brook Farm, Inc., Releasor hereby fully releases and discharges The Barn at Spring Brook Farm, Inc., its agents, successors and assigns (the "Releasee") from any and all rights, claims and actions which the Releasor may now have or may hereafter ever have against Releasee arising out of (name of child)_____ participation in activities at The Barn.

This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable and adequate consideration prior to the execution and delivery of this Release.

Witness

Parent/Guardian

Photo Release

I hereby give permission to The Barn at Spring Brook Farm to use any photographs or videos taken of my child _____ while at The Barn for use as promotional material for The Barn at Spring Brook Farm, which may include but is not limited to use in newspapers, brochures or the web site.

Parent/Guardian

Date