

2018 Root Farm Summer Camp Contract

Child's name: _____ Age: _____
Parent's name: _____
Sibling's name: _____ Age: _____
Daytime phone #: _____ Cell #: _____
Email: _____

T-shirt size: (Circle one) Youth: S M L or Adult: S M L

Session(s) you are registering for : (circle each session)

HORSE CAMP - \$395

Session 1 June 18 - 22

Session 2 June 25 - 29

FARM CAMP - \$300

Session 1 July 9 - 13

Session 2 July 23 - 27

Session 3 July 30 - August 3

(an additional session may be added for the week of July 16 and will be confirmed by April)

Please list any allergies, food intolerances, fears, strengths, weaknesses, emotional needs, or anything else we should know about your child. Please use space on the back if needed

I have read and understand Root Farm Summer Camp policies. I have completed the required paperwork for registration. I agree to pay fees regardless of absences of any kind. I have paid in full fees totaling \$_____.

Further, I give consent for my child to participate in the above camps and agree to indemnify and hold Root Farm and its land owners harmless and release them from any and all liability for any injury arising out of these camps. I understand that Root Farm does not provide medical insurance, and I assume all risk for any injuries received.

Signature: _____ date: _____

