

# Conestoga Elementary Garden Camp Registration



Name of camper \_\_\_\_\_ Today's date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade just completed \_\_\_\_\_

T-shirt size (circle one)

YXS    YS    YM    YL    S    M    L    XL    XXL

**Circle the camp dates you would like to attend:**

July 12-16    OR    August 2-6

## Family & Emergency Information

Parent(s)/Guardian(s) with whom camper lives

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Work phone#: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone #: \_\_\_\_\_ Work phone#: \_\_\_\_\_

## Medical Information

Name of Health Insurance Provider \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

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Please list any medical conditions, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures)

Medical Condition

Required Treatment

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Should paramedic be called? (Circle one) Yes No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? (Circle one) Yes No If yes, explain:

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Is your child allergic to any type of food or medication? (Circle one) Yes No  
If yes, explain: \_\_\_\_\_

## Pick-up information

Please list all persons authorized to pick up the student at departure:

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**Important note:** Please arrive promptly at Noon when picking up your child.

## Photo release

I give The Edible Classroom permission to use photographs of the registrant for publicity and promotional purposes. (circle one) Yes No

## Scholarship Information

Complete the statement of need below to be considered for a scholarship. Do not go to the payment screen after registering. An Edible Classroom staff member will notify you of your scholarship status.

Please describe in a couple sentences why your child should be considered for a camper scholarship.

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## Waiver of Liability and Indemnification:

I, the undersigned, parent, guardian, legal representatives, heirs, and assigns, hereby agree to indemnify and hold harmless and hereby releases, acquits, and forever discharges The Edible Classroom, its founders, volunteers, employees, successors and assigns from any and all actions, claims, demands, coverages, costs, losses, inquiries, expenses, judgements, attorney fees, and suits at law, equity or otherwise that may arise directly or indirectly from the above named participants involvement or participation in any manner in The Edible Classroom's programming.

**Your signature below indicates acceptance of these terms.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date