



2017 Summer Camp Programs Registration Form

Please complete one registration packet per camper.

Return this form to Jake@redgatefarm.org or mail it to Red Gate Farm, 4 Norman Rd., Ashfield, MA 01330

Parent/Guardian Information

Name(s): _____

Mailing Address: _____

Phone(s): _____

Email: _____

Camper's Name: _____

Returning camper

Session & Payment Information

Please indicate which Sessions you would like to register for your child. All forms are due and complete camp tuitions for each Session must be paid in full on or before May 15. Camper registration or enrollment is not assured until the deposit is paid.

Farm Camp for 5th - 9th grade

Session 1: Jul 10 - 14 • Overnight camper • \$650

Session 1: Jul 10 - 14 • Day camper • \$320

Session 2: Jul 31 - Aug 4 • Overnight camper • \$650

Session 2: Jul 31 - Aug 4 • Day camper • \$320

Farm Day Camp for preK4 - 4th grade

Session 1: Jul 3 - 7 • Day Camper (8am - 3pm) • \$320

Session 2: Jul 17 - 21 • Day Camper (8am - 3pm) • \$320

Session 3: Jul 24 - 28 • Day Camper (8am - 3pm) • \$320

Financial Aid is available for all programs. Please contact Ben Murray for more details and to learn how your child can participate in Red Gate Farm Summer Camp. ben@redgatefarm.org or (413) 625-9503

Carpooling Opt Out: I would prefer that my contact information not be shared for carpooling support (checking this box means that you will NOT receive any carpooling information).

Total Camp Tuition owed: \$ _____

A non-refundable deposit (50% tuition per session) must be received to hold each child's space in camp. Space is limited and registrations will be processed on a first come, first served basis. Please make checks payable to Red Gate Farm. For more information or additional questions please contact the Farm Office (413) 625-9503. Final payments and all registration forms must be received by May 15.

You can now register and pay online at www.redgatefarm.org/summercamp



Camper Information

Directions

Please complete ALL questions on this form. One form for EACH student is required. Your emergency contact information is important so that we may contact you or someone designated by you in the unlikely event of an emergency.

Medical Information

Family Physician Name: _____ Phone: _____

Name of Health Plan or Health Insurer: _____

Child Information

Camper's Name: _____

Date of Birth: _____ Gender ID: Him Her Other: _____

Camper's grade and school (for 2016-17 academic year): _____

All campers receive a free camp t-shirt! Please select a size: Youth-S Youth-M Youth-L S M L XL

Emergency Contacts (These contacts are authorized to pick up child)

1st Contact (parent/guardian easiest to reach): _____	Phone: _____
2nd Contact (parent/guardian or friend): _____	Phone: _____
3rd Contact (parent/guardian or friend): _____	Phone: _____

Is the camper restricted from performing any physical activities? No Yes (please explain)

Does the camper have any allergies to food, medicine or other things? No Yes (please explain)

Please list all medications currently being taken by the camper: None

Is there anything else you would like to share about your child?

Parent/Guardian Pick-up Authorization

Please list any additional names authorized to pick up child. No child will be released to any one not authorized.

Name	Phone #
Name	Phone #

Agreements

I understand that failure to cooperate with the Farm staff and abide by the rules and standards of the Farm will result in forfeiture of the right for Students to participate in programs. I agree not to hold Red Gate Farm or the Kistner Foundation Inc. responsible for any injuries, accidents or damages incurred while participating in programs of the Farm. I authorize the non-commercial use of any photographs, film, recording or video of my child to publicize the Farm. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization for my child.

Parent/Guardian Signature: _____ Date: _____



Medical Information

this form or a doctor's informational form must be received before May 15.
please mail to: Red Gate Farm, 4 Norman Road, Ashfield, MA 01330

Camper's Name: _____

Medical/Immunization History

Required immunizations must meet Massachusetts standards listed below. Please record the date (month and year) of basic immunizations and most recent booster doses or attach your doctor's form (Please note: a doctor's signature is **NOT** required for day campers).

Overnight campers must provide copy of a physical exam record within the last two years.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) Tetanus or <input type="checkbox"/> DPT*	1 2 3	1 2
Tetanus Diphtheria or <input type="checkbox"/> TD*		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German measles, 3-day measles)		
Chicken Pox (vaccination or illness)		
Other		
Haemophilus influenza b (HIB)		
Hepatitis B		
Tuberculin test given _____ (most recent)		

State Health Regulations Require:

Campers and staff **under 18yrs:**

MMR: 1st dose = 12 mos or older,

Measles: 2nd dose = grades K-12 or age equiv

Polio: 3 doses IPV or OPV, or
4 doses mix IPV/ OPV

Diphtheria and Tetanus Toxoids and Pertussis*:

4 doses DTaP/DTP/DT or,
3 doses of Td

(persons 7 yrs or older needing additional vaccines to comply with above, Td is to be used)

*Booster dose of Td:

-grades 7-10 need booster if >5yrs since last dose of DTaP/DTP/DT

-grades 11-12 need booster if more than 10 yrs since last dose of DTaP/DTP/DT/Td

Hep B: 3 doses