



KIDS & K-9 CAMP AT MEYER'S TAILS UP FARM

CAMPER INFORMATION: (Please complete One Form per Child)	
Camper Name	
School Grade I	Entering Fall 2017
Gender MFBirth Date// T-Shirt Size (chec	k one) Adult SMLXL
FAMILY INFORMATION:	
Parent/Guardian #1	Email Address
Address City	
Home Phone () Work Phone ()	Cell ()
Parent/Guardian #2	Email Address
Address City	State Zip
Home Phone () Work Phone ()	Cell ()
EMERGENCY INFORMATION	
Emergency Contact	Relationship
Home Phone ()Work Phone ()	Cell ()
Any Allergies (food or non food)	
DAY CAMP FEE: \$240.00	
SESSION DATES: June 5-9, 2017	
DAY CAMP TIMES: 9:00AM-3:30 PM MONDAY - FRIDAY	
Bring your own lunch. Morning and afternoon snack will be provided.	
Kids & K-9 camp is for children entering 6th, 7th, and 8th grade only.	
Payment Information	
\$75.00 Non-refundable deposit due with registration. No application will b	e accepted without a deposit.
All deposits must be made by May 22, 2017 or paid in full by May 29, 2017	
O Option 1 - \$75.00 Cash Deposit paid at 5390 Irene Rd, Belvidere; balance due by May 29, 2017	
O Option 2 - Credit Card deposit; balance due by May 29, 2017	
O Option 3- Payment in full	
Credit Card (Visa , MasterCard, or Discover) #	Expiration Date/
Signature	

To Register for Kids N'K-9 Camp at Meyer's Tails Up Farm

Fill out the registration form for each camper along with a 100 word minimum essay written by the camper as to their desire to attend this camp.

Return all forms along with your payment in person, by mail or email to: info@meyerstailsupfarm.com.

Registration will be processed on a first come, first served basis.

Spots are very limited.

All deposits must be made by May 22, 2017 or paid in full by May 29, 2017.

O Option 1, 2, or 3 under payment information must be checked.

POLICIES

- **O** Cancellation: Deposits are non-refundable. After May 29, 2017 payments beyond the deposits are non-refundable.
- O Absences: There are **NO refunds** or make up days for absences due to illness, or other reasons.
- O Participation: In the event that Meyer's Tails Up Farm in its sole discretion determines that continued participation in camp program is not appropriate, Meyer's Tail Up Farm reserves the right to discontinue service. Any unused portion of camp fees will be refunded. There are no refunds for short-term suspensions (up to 4 total camp days), caused by inappropriate behavior as determined by Meyer's Tails Sup Farm in its sole discretion.
- **O** Medicals: Medical forms must be completely filled out and signed for children to attend camp.

Parent/Guardian Consent

- 1. I understand that as the parent/guardian registering the above named child I, alone, am responsible for the fees as outlined on the front of this form and I have the authority to register the above named child.
- 2. I further understand that if I withdraw my child from the program for whatever reason that I am responsible for the remaining balance of the fees.
- 3. I understand that fees may be subject to change given 30 days notice.
- 4. I understand that a medical form must be filled out, signed by the parent and returned before the first day of camp.
- 5. I understand that the program participants may be asked to have a personal interview with the Camp Directors or designee.
- 6. I have read and agree to abide by the camp policies as written in the camp brochure and on this registration form.
- 7. I give permission for the above named participant to be included in camp photos and videos for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the Meyer's Tails Up Farm websites.
- 8. I understand that Meyer's Tails Up Farm shall not be held responsible for loss of personal property or personal injury sustained by the participant.
- 9. In the event I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by the Camp Director, to provide medical treatment deemed necessary by such medical personnel, including, but not limited to x-rays, tests, injection, blood transfusions, hospitalizations, anesthesia and surgery.

I acknowledge that all information I have provided is true and correct and that I have read and understand the Parent/Guardian Consent.

Parent/Guardian Signature_____

Date_____