



220 S. Little Tor Road New City, NY 10968 (845) 634-3167 www.rocklandfarm.org

**Junior Farmers Summer Program
ENROLLMENT CONTRACT FOR 2016**

Child's Name _____ Male _____ Female
(first name) (last name)

Address _____
(Street) (Town) (State) (Zip)

Home Phone _____ School _____ Grade as of 9/2016 _____

E-Mail _____ Date of Birth _____

Parent's Name _____

Cell Phone _____ Business Phone _____

Parent's Name _____

Cell Phone _____ Business Phone _____

First number to call _____ Second number to call _____

Circle the session(s) requested:

Session I: July 11-15
9am – Noon
\$225

*9am - 1pm (with lunch provided by parent plus farm
harvest)
\$275*

Session II: July 18-22
9am – Noon
\$225

*9am – 1pm (lunch provided by parent plus farm
harvest)
\$275*

Make Check Payable to: Rockland Farm Alliance Mail to: 220 S. Little Tor Road New City, NY 10956 OR pay online through brown paper tickets. Please specify form of payment _____.

There is a \$50 administrative fee for cancellation. After July 1 all fees are nonrefundable except in cases of unavoidable emergency.

I agree to hold harmless, defend and indemnify Rockland Farm Alliance and its affiliates, their directors, officers, employees, agents and representatives from and against all damages, expenses, causes of action, suits, claims, penalties, judgments, reasonable legal fees and/or liabilities by reason of any act or commission or omission directly or indirectly attributable to the minor's participation in the Junior Farmer activities.

I have read and understood the foregoing and agree to the terms thereof.



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Parent's Signature _____ **Date** _____

EMERGENCY/PICK-UP INFORMATION

1. Name: _____ Relationship: _____ Phone #: _____
2. Name: _____ Relationship: _____ Phone #: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone #: _____
Address: _____

Does your child have any medical limitations or allergies we should be aware of?

What is your child's comfort level outdoors (bugs, getting dirty, stamina, favorite activities)?

****Medication can only be self-administered by the camper due to the fact that there is no RN on location.****

EMERGENCY AUTHORIZATION

In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Rockland Farm Alliance to hospitalize and secure treatment for my child. I understand that Rockland Farm Alliance does not offer accident insurance and that my personal insurance bears primary responsibility in case of an accident.

Parent/Guardian Signature (required) _____ **Date** _____

GENERAL PERMISSION

I give my child, _____, permission to fully participate in all **Junior Farmer** activities, including taste tests of vegetables from the field, water play with sprinklers, age-appropriate farming activities, and special events. I have read and understood the above and agree to the terms thereof.

Parent's Signature _____ **Date** _____

VIDEO/PHOTO RELEASE PERMISSION (check one)

_____ I give permission for any photograph or video my child may appear in while participating in camp activities to be used for the purpose of publicity (brochures, web site etc.).

Parent's Signature _____ **Date** _____

Office use only:



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Amount Due _____ Payment/Check _____ No. _____ Date _____ Online _____ Date _____ Pd. in full _____