

## 2012 Christian Disciple Farm Day Camp Registration Form - August 6-10

One form must be filled out for each child in your family who will be attending camp

Camp is \$30 per person with a \$120 maximum per family

To ensure a spot, register as early as possible

### **Registration deadline is July 15, 2012**

If registration is received after July 15 we may not be able to provide a buddy or have a t-shirt for your child.

Child's Name \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Child's age as of 8/6/12: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Child's Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Child's T-shirt size \_\_\_Small(6-8) \_\_\_Med(10-12) \_\_\_Large(14-16) \_\_\_Adult Small \_\_\_Adult Med

\_\_\_Adult Lrg \_\_\_Adult X-Lrg \_\_\_Adult XX-Lrg \_\_\_Adult XXX-Lrg

Days child will attend camp: \_\_\_Mon 8/6 \_\_\_Tue 8/7 \_\_\_Wed 8/8 \_\_\_Th 8/9 \_\_\_Fri 8/10

Do you have a church home? \_\_\_Yes \_\_\_No Name of Church: \_\_\_\_\_

City & State of church: \_\_\_\_\_

Will you be camping at Harnischfeger Park? \_\_\_Yes \_\_\_No \_\_\_Not sure

If yes, give names of who is staying \_\_\_\_\_

(If you need an RV spot with hook-ups you need to call us as soon as possible to reserve one. If your RV doesn't need hook-ups then you don't need to reserve it.)

### **Parents' participation in camp** (you only need to fill this out on one of your children's forms)

Will Mom be a participant in camp also? \_\_\_Yes \_\_\_No

Days Mom will attend camp: \_\_\_Mon 8/6 \_\_\_Tue 8/7 \_\_\_Wed 8/8 \_\_\_Th 8/9 \_\_\_Fri 8/10 (cost: \$6/day)

(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Mom is participating, give T-shirt size: \_\_\_S \_\_\_M \_\_\_Lrg \_\_\_X-Lrg \_\_\_XXL \_\_\_XXXL \_\_\_Don't want one

Will Dad be a participant in camp also? \_\_\_Yes \_\_\_No

Days Dad will attend camp: \_\_\_Mon 8/6 \_\_\_Tue 8/7 \_\_\_Wed 8/8 \_\_\_Th 8/9 \_\_\_Fri 8/10 (cost: \$6/day)

(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Dad is participating, give T-shirt size: \_\_\_S \_\_\_M \_\_\_Lrg \_\_\_XLrg \_\_\_XXLrg \_\_\_XXXLrg \_\_\_Don't want one

If Mom or Dad is **participating in camp**, will you have a child under the age of 3 that you would like us to provide childcare for? \_\_\_Yes \_\_\_No Days you would like childcare: \_\_\_\_\_

List names and ages at time of camp: \_\_\_\_\_

Please fill out a **registration form** and a **camper information form** for each of these children. There is no fee.

## Acknowledgment of Disclosure of Risk and Permission to Participate in The Christian Disciple Farm

In consideration of the opportunity afforded \_\_\_\_\_ (Child) to participate in "The Christian Disciple Farm", the undersigned, being a parent or legal guardian of the Child and in recognition of the possible danger to which the Child may be voluntarily subjected, including, but not limited to, rock wall climbing, fishing, horseback riding, hiking, adapted sports, and cooperative games, the undersigned hereby knowingly, freely, and voluntarily waive, on behalf of the Child, and the undersigned, any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue and hereby authorize the participation of the Child in "The Christian Disciple Farm" Day Camp to be held Monday, August 6th – Friday, August 10, 2012 from 9:00am – 2:15pm daily.

Many of the wonderful camp experiences are photographed by family members and volunteers, along with occasional visits from local media. I understand that my child's picture may be used for publicity or publications to spread the word about The Christian Disciple Farm and/or Mission Bells Ministries (the non-profit that sponsors camp) or to thank sponsors and volunteers.

I understand that my child's buddy will do his/her best to care for and meet the individual needs of my child. Should my child's behaviors or needs become a danger to him/herself, campers or to others, I will be called for advice and perhaps to pick my child up from camp. Return to camp will be at the discretion of the camp directors and child's parents.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency. If an emergency were to happen, I understand that my child will be taken to Fort Atkinson Memorial Hospital or Aurora Medical Center in Oconomowoc. In the event that I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever medical or surgical treatment is necessary.

It is expressly understood and agreed that Mission Bells Ministries, Inc., Ken and Sue Rheingans (owners of Raspberry Hill Farm-event location), or any other participating organization shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by my child in connection with any activities or programs associated with The Christian Disciple Farm.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent or Guardian's Signature**

If one or both parents are participating in camp then your signature(s) is required below stating that you have read the acknowledgement of risks and agree to the terms in regard to yourselves.

I have already filled this out on my other child's form. If so, give name of child: \_\_\_\_\_

\_\_\_\_\_

**1<sup>st</sup> Parent Signature**

\_\_\_\_\_

**2<sup>nd</sup> Parent Signature**

Does either parent attending camp have any special needs? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does either parent attending camp have any allergies? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does either parent attending camp have any dietary considerations? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does Mom or Dad have any medical conditions we should know about? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Please return: this signed and completed form, a signed and completed camper information form, and the \$30 fee for this child (plus any fees for one or both parents to participate-\$6/day per parent) to Sue Rheingans at W1008 Froelich Rd, Sullivan, WI 53178. Send forms for your entire family all at once if possible. (\$120 maximum for family)**

**Please make checks payable to: Christian Disciple Farm.** A full refund will occur if your child does not get into camp due to camp being full, registration received too late or our inability to secure a reliable buddy for your child.

Once your registration and check have been received you will get an acknowledgement post card or email (unless received after the deadline, in which case you will be emailed or called).

**Questions? Call Sue or Ken Rheingans at (262) 593-5616**

**This form will also be available at [www.disciplefarm.com](http://www.disciplefarm.com)**