



# LIVING WELLS Farm

## SUMMER CAMP REGISTRATION FORM

Camper Name \_\_\_\_\_

Camper Age \_\_\_\_\_ Grade entering \_\_\_\_\_

Any allergies? \_\_\_\_\_

Currently taking any medications? \_\_\_\_\_

Any medical condition that restricts activities? \_\_\_\_\_

Does your child have permission to participate in target shooting with a BB gun? Y / N

Does your child have permission to participate in target shooting with a bow and arrow? Y / N

Does Living Wells Farm have permission to use your child's photo on social media? Y / N

Parent/Guardian Name \_\_\_\_\_

Camper Address \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_