



# SUMMER CAMP 2010 REGISTRATION FORM

1. To reserve your spot call Alice Froehlich at 503 282-4245
  2. Fill out and return registration form with payment – one form per camper
  3. Confirmation email will be sent within two weeks of receiving payment
- Please review our refund policy below

Child's Name: \_\_\_\_\_ Grade in fall 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/  
Parent/Guardian #2 \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CAMP** \_\_\_\_\_ **DATES** \_\_\_\_\_ **AMOUNT DUE** \_\_\_\_\_

All camps are Monday through Friday 9:00am- 3:00pm except Cooking Camp July 6-9 Tuesday through Friday only - \$208

**COST:**

- Farm Camp: \$235/session
- Cooking Camp: \$260/session
- Harvest Camp: \$270/session
- CIT: 1<sup>st</sup> year \$150, 2<sup>nd</sup> year \$90

**METHOD OF PAYMENT:**

- Enclose a check made out to: *Friends of Zenger Farm* (Preferred method of payment). Amount enclosed \$ \_\_\_\_\_
- Applying for a scholarship (Please complete and submit the scholarship application insert)

**REFUND POLICY:** 30 days before date of camp: Full refund minus \$20 processing fee; 29 to 11 days before date of camp: ½ refund minus \$20 processing fee; 10 days or less before the start of camp: No Refund.

**HEALTH FORM/DIETARY RESTRICTIONS:** Please list any health concerns or dietary restrictions (asthma, allergies, etc.). Please list medication(s), when taken, and purpose(s). Use back of form if necessary.

**BEHAVIOR/LEARNING CONCERNS:** Please describe any behavior/learning concerns (ADD, hyperactivity, etc.). Use back of form if necessary.

**MEDICAL RELEASE:** I give my permission for Friends of Zenger Farm staff to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Friends of Zenger Farm, its officers and employees, harmless from claims of losses for any bodily injury or property damage, which occurs or is alleged to have occurred as a result of negligence of participant.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE:** Friends of Zenger Farm has my expressed permission to use any photographs that may include my child in their publication materials or communications.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed registration form and payment to: Zenger Farm- Summer Camp •11741 SE Foster Rd • Portland, OR 97266**