2023 Summer Farm Camp Registration Form for Ages 6 to 12



Circle the preferred session: June 26 - 30 OR July 10 - 14 Fee \$195 per child

Student I	nformation
Child's Name	Home Street Address
Child's Date of Birth Gender	Home City State Zip
Child of Seton Harvest Shareholder	Child's T-Shirt Size
or Daughters of Charity employee YES NO	
Parent/Guardian Name Cell Phone	Parent/Guardian Name Cell Phone
Workplace Work Phone	Workplace Work Phone
Preferred Email Address	Preferred Email Address
Other Int	formation
Is there anything you would like Farm Camp staff to know	
	,
Media	Release
I give my permission for my child's photograph or v	ideo to be taken for use by Seton Harvest in program
brochures, annual report, website, social media sites and ot	ther promotional materials and for release to local newspapers.
Signature of Parent or Guardian	Date Declined
LIABILI	ΓY WAIVER
I, for myself and on behalf of my heirs, assigns, personal rej	presentatives and next of kin, HEREBY RELEASE,
	d the Daughters of Charity their officers, officials, agents and/
	nsors, and, if applicable, owners and lessors of premises used 'O ANY AND ALL INJURY, DISABILITY, DEATH, or loss or
damage to person or property, WHETHER ARISING FRO	
OTHERWISE, to the fullest extent permitted by law.	
The payment for my child is being made via: Pa	yPal on website Seton Harvest mobile app
Check mailed with this application to Seton Harvest A	ttn: Farm Camp 9400 New Harmony Rd. Evansville, IN 47720
I am interested in applying for financial assistance.	
I have read and agree to the above policies and I am responsible	e for the registration fee.
Parent/Guardian Signature	Date

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

COMPLETE ONE FORM PER CHILD

Parent/Guardian Name:	Employer:	Phone Number:
Parent/Guardian Name:	Employer:	Phone Number:
List up to 3 other people (other than pares a medical emergency or emergency pick-	nt/guardian) who are authorized to pick up the up if parent/guardian cannot be reached.	e camper and should be contacted in case of
1. Name:	Relationship:	Phone Number:
2 Name	Relationship:	Phone Number:
2. Tume		
3. Name:	Relationship:	
3. Name: Emergency Medical Release In case of an emergency, I understand every that we cannot be reached, I hereby give per hospitalize, secure proper treatment and to	reffort will be made to contact me or the emerger rmission to the physician listed on the form, and order anesthesia or surgery for my child.	Phone Number:
3. Name: Emergency Medical Release In case of an emergency, I understand every that we cannot be reached, I hereby give per hospitalize, secure proper treatment and to Physician's Name:	reffort will be made to contact me or the emerger rmission to the physician listed on the form, and r order anesthesia or surgery for my child.	Phone Number: ncy contact persons listed above. In the event the authorized individuals listed above, to
3. Name: Emergency Medical Release In case of an emergency, I understand every that we cannot be reached, I hereby give per hospitalize, secure proper treatment and to Physician's Name:	reffort will be made to contact me or the emerger rmission to the physician listed on the form, and r order anesthesia or surgery for my child. Hospital Affiliation:	Phone Number: ncy contact persons listed above. In the event the authorized individuals listed above, to

Does your child need to take medication(s) during camp (circle one)?	Yes	No
If your child requires medication, please specify:		

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc), please contact the Camp Director, Amy Rhodes, at (812) 963-7531 prior to the first day of camp.

Policies

Sunscreen/Insect Repellent

I give permission for sunscreen or insect repellent to be administered and/or applied to my camper as deemed necessary by the camp staff.

Backpack Search

I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items

Campers are asked to leave any valuables and electronics at home. Seton Harvest and its employees are not responsible for lost or stolen items.

Behavior

Farm Camp at Seton Harvest is designed to provide children an opportunity to discover, play, and learn on a working farm. Many of the activities will be hands-on, including interaction with nature and animals. We ask that each camper act in a responsible and cooperative manner at all times. Those who are not able to participate in a respectful, safe manner will be asked to sit out.

Date:

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Program DaysMondaProgram TimeDrop-0Free Snack Served10:30 aLunch12:00 pFee\$195/clExpectations REGIST A regist: form an and mal complet consider Please coWITHI Withdra start datDROP-0 Drop-of walk yo	6 - 30 or July 10 - 14 (Register separately for each camp) ay through Friday Off 8:15 - 8:30 am Pick-Up 3:00 - 3:15 pm am - 11:00 am om - 12:30 pm *Campers Bring Sack or Box Lunch hild 10% discount for children of Seton Harvest Shareholders or DOC employees TRATION & TUITION: ration form and tuition fee are due upon enrolling in the 2023 Farm Camp. Return the d fee by mail to 9400 New Harmony Rd, Evansville, IN 47720 or fill out the application ke a payment on the @setonharvest mobile app. A registration form is not considered te until all sections are filled out including emergency contact information, media release, ration/allergy, and the policies and liability sections. Financial assistance is available. ontact Amy.Rhodes@doc.org for information on how to apply. Session I Registration Deadline - June 16th Session II Registration Deadline - June 30th
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FARM Camper overly la to assist option t Along w they wea	 DRAWALS & REFUNDS: awing your child from Farm Camp must be made in writing at least 48 hours prior to the te for a full refund. No refunds will be given after the program start date. OFF / PICK-UP: If at Seton Harvest will begin at 8:30 am. On the first day of Farm Camp, please park and ur child to the check-in table in the pavilion. The remaining days of the week, Tuesday - please follow the car line signs that will make a loop around to the pavilion for drop-off

Amy Rhodes, Camp Director at Amy.Rhodes@doc.org or (812) 963-7531 SetonHarvest.org 9400 New Harmony Rd. Evansville, IN 47720