



# SUMMER CAMPS REGISTRATION FORM 2021

A short Zoom interview is required for all NEW participants.

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

Birth Date \_\_\_\_\_ Diagnosis \_\_\_\_\_

Address of Participant \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone:  Mom  Dad  Guardian \_\_\_\_\_ Secondary Phone:  Mom  Dad  Guardian \_\_\_\_\_

Email Address \_\_\_\_\_

<p align="center"><b>Camp Sing Out: A Musical Theater Camp</b></p> <p>Monday – Friday, July 12<sup>th</sup>-23<sup>rd</sup>  <b>Session 1:</b> 9:00am – 12:00pm  <b>Session 2:</b> 1:00pm – 4:00pm  Ages 12-25     <input type="checkbox"/> New Participant   or   <input type="checkbox"/> Returning Participant</p>	<p align="center"><b><u>Sign Me Up</u></b></p> <p><input type="checkbox"/> \$300  <input type="checkbox"/> Session 1  <input type="checkbox"/> Session 2</p>
<p align="center"><b>FAR Explorers: We Do Outings!</b></p> <p>Week 1: Monday – Wednesday, August 9<sup>th</sup> – 11<sup>th</sup>  Week 2: Monday – Wednesday, August 16<sup>th</sup> – 18<sup>th</sup>  9:30am – 12:00pm  Ages 17+     <input type="checkbox"/> New Participant   or   <input type="checkbox"/> Returning Participant</p>	<p><input type="checkbox"/> \$150 for one week  OR  <input type="checkbox"/> \$250 for BOTH</p>
<p>*Please note a \$50 deposit is required for EACH camp registration.  *Remaining balance is due no later than the first day of camp.</p>	<p><b>Total: \$</b></p>

**Payment:**  Cash  Check  VISA  MasterCard  American Express

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_



# FAR

THERAPEUTIC ARTS  
AND RECREATION

## PHOTO RELEASE FORM

I, \_\_\_\_\_ hereby grant FAR Therapeutic Arts and Recreation permission to publish: *(please check all applicable boxes)*

- My photograph(s), video, audio and social media.
- My child's photograph(s), video, audio and social media. (child's name):

\_\_\_\_\_

In agency publications, social media postings and/or on the agency website located at FAR-therapy.org.

I understand that photographs, video or audio may be used in agency publications, social media postings or on a website designed to promote the agency's services as well as offer information and resources. FAR Therapeutic Arts and Recreation is a 501(c)(3) nonprofit agency.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photograph(s), video or audio.

\_\_\_\_\_  
*(Please print name)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Camp Medical Policy and Consent Form

FAR staff is dedicated to creating a fun, safe environment for all of our campers, counselors and volunteers. To ensure that everyone has a positive camp experience, please review the following medical policy.

1. All FAR staff is trained and certified in CPR and basic First Aid and will intervene on behalf of you/your child in the event basic care is required. In the event of any incident, your emergency contact/you will receive a phone call from the camp director and a written Incident Report.
2. In the event of a medical emergency, FAR will call 911 on behalf of you/your child; FAR, however, holds no financial responsibility for any medical services requested or rendered. A staff member will provide basic care as they are certified until professional help arrives. Your emergency contact/you will also be immediately contacted by the camp director and provided a written Incident Report.
3. FAR staff is not authorized to dispense OTC or prescription medication to minor children or anyone under guardianship. Should you/your child require medication of any kind while at camp, it must be administered by a parent, legal guardian, or professional medical personnel. Please note this includes applying sunscreen.
4. If someone other than a parent or guardian accompanies your child to camp every day, you may grant permission for that individual to administer medication or apply sunscreen during camp. Please initial one of the following options:

\_\_\_\_\_ No. I do not grant permission.

\_\_\_\_\_ Yes, I grant permission for the following individual to administer medication/sunscreen to my child:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage Schedule: \_\_\_\_\_

(Please note: All medications for campers must be turned in to the FAR office or kept secure by the named person responsible)

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I consent to the above FAR policy for me/my child regarding any such medical circumstances, including any accident or illness, which may necessitate medical treatment and authorize any such treatment or medical response that FAR's staff, in its sole discretion, may deem necessary. I further acknowledge that I understand the above policy and agree to abide by its terms.

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

\_\_\_\_\_  
Self/Parent/Guardian (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact/Relationship (Please print)

\_\_\_\_\_  
Phone Number