



# FAR

THERAPEUTIC ARTS  
AND RECREATION

## SUMMER CAMP REGISTRATION FORM 2025

A SHORT INTERVIEW IS REQUIRED FOR ALL **NEW** CAMPERS.

### CLIENT INFORMATION

PARTICIPANT NAME:	DOB:	DIAGNOSIS
PARENT/GUARDIAN NAME	ONE-TO-ONE SERVICE NEEDED? *Participant's family to provide	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME STREET ADDRESS	CITY	STATE ZIP
PRIMARY CELL PHONE <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SELF <input type="checkbox"/> GUARDIAN		PRIMARY EMAIL <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SELF <input type="checkbox"/> GUARDIAN
NAME/TITLE OF OTHERS WHO ASSIST THE INDIVIDUAL/FAMILY		PHONE

### SIGN ME UP!

#### CAMP SING OUT: MUSICAL THEATER CAMP

\*Now THREE WEEKS LONG

- **JULY 14 - AUGUST 1**
- MONDAY – FRIDAY
- 9:00 AM – 1:30 PM
- AGES 13+

\$750 JULY 14 – AUGUST 1

#### FAR EXPLORERS: WE DO OUTINGS!

- WEEK 1: MONDAY – WEDNESDAY, AUGUST 11-13
- WEEK 2: MONDAY – WEDNESDAY, AUGUST 18-20
- 9:30 AM – 2:00 PM
- AGES 18+

T-SHIRT SIZE: **ADULT**  S  M  L  XL

\$225 FOR WEEK 1

\$225 FOR WEEK 2

\$400 FOR BOTH

\*PLEASE NOTE: A \$50 DEPOSIT IS REQUIRED FOR EACH CAMP REGISTRATION.

\*REMAINING BALANCE TO BE PAID IN FULL BY FIRST DAY OF CAMP

**TOTAL CAMP COST: \$**

### PAYMENT INFORMATION

CASH  CHECK  VISA  MASTERCARD  AMERICAN EXPRESS

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

SIGNATURE

REV 12/24



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## 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

SIGNATURE

DATE

**FAR Therapeutic Arts and Recreation**

1669 West Maple Road | Birmingham, MI 48009

[camp@FAR-therapy.org](mailto:camp@FAR-therapy.org) | Phone 248.646.3347 | Fax: 248.646.4480

REV 1224

## 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 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 and/or my child will not need medication during camp times.
  - Yes, I grant permission for the following individual to administer medication/sunscreen to my child.

NAME:	RELATIONSHIP:
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MEDICATION:	DOSAGE SCHEDULE:
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**(PLEASE NOTE: ALL MEDICATIONS FOR CAMPERS MUST BE TURNED IN TO THE FAR OFFICE OR KEPT SECURE BY THE NAMED PERSON RESPONSIBLE)**

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)	PHONE NUMBER	DATE
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**SIGNATURE**

EMERGENCY CONTACT NAME & RELATIONSHIP:	EMERGENCY CONTACT NUMBER:
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