



Johnson's Locust Hall Farm
2691 Monmouth Road Jobstown NJ, 08041
609-353-9000 (Fax) 609-723-3916

Week Long Jr. Farmer Summer Camp Registration Form
2017

Child's Name: _____ Child's Age: _____

Child's Birthday: _____ Child's Grade: _____

Child's Friend(s) or Sibling(s) Attending: _____

Parent/Guardian Name: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Home Address: _____

Emergency Contact Name: _____

Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Home Address: _____

Please Circle the week(s) your child will be attending camp, still accepting for :

July 10th-July 14th

July 17th- July 21st

July 24thnd-July 28th

Please drop off and pick up child at our Farm Market

Full day: Drop off 9am, Pick Up 3pm

Half day: Drop off 9am, Pick Up 12pm

Are you selecting Half or Full day camp? _____

I give Johnson's Farm permission to use any photographs of my child for publications or promotions

Parent Signature

Print Name

What To Pack & Wear:

- Wear outdoor shoes (no sandals or flip flops)
- Wear comfortable clothing
- Pack Bathing Suit & Towel For Pool or Sprinkler Fun
- Extra pair of clothes to leave here for the week just in case
- Packed lunch (refrigeration is available)
- Please DO NOT bring any electronics or games
(cell phone okay if used to call for ride)
- Sun Screen and Bug Repellant

What Farm-like Activities Excites Your Child?

Confidential Medical Information

Please list all allergies, medications and current treatment:

Please list any past or present medical conditions that pertain to success at camp activities:

Please list any additional behavioral or personal preferences of your child as it pertains to camp:

Child's Insurance Carrier: _____

Insurance Policy #: _____

Child's Physicians Name: _____

Physicians Phone #: _____

*Will need an up-to-date copy of your child's shot records before camp begins.
Documents are confidential just needed on file during camp week(s)

Payment

Discounts (Please Indicate which ones apply to you):

- ____ 5% Returning for more than 1 week
- ____ 5% Military Discount
- ____ 5% If you Early Register
- ____ 5% If sibling or refer a friend that attends

Payment Due Dates:

- Early Register: Before April 1st
- All Payment is Due Before June 1st
- We accept Credit Cards, Cash, Check
- \$395.00 for the FULL DAY week
- \$295.00 for the HALF DAY week

Come check us out! Never been to the farm before? Or like to talk to an employee and see the grounds? Stop in we'd love to show you around and tell you all about our camp as well as our farm!

Please let us know if you have any questions by emailing:
reservation@johnsonslousthalfarm.com

JR. FARMER SUMMER DAY CAMP 2017

PARENTAL/GUARDIAN WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

I, _____ Parent/Guardian of _____, the undersigned, hereby acknowledge my receipt of permission from Johnsons Locust Hall Farm LLC to enroll my child/ward in activities of the Johnsons Jr. Farmer Summer Day Camp. In consideration of the permission and privilege allowed to my child/ward hereunder, I do hereby specifically agree that I will indemnify, save and hold harmless Johnsons Jr. Farmer Summer Day Camp, its owners, its instructors, its agents, its employees, and all persons, whether spectators or participants in activities being held at the Camp or sponsored by the Camp, from any and all losses, claims, actions or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any activities at or sponsored by Johnsons Jr. Farmers Day Camp and arising directly or indirectly from any activity by my child or ward as a Camper or participant.

In accepting the permission and privilege to participate under this Waiver, Release and Hold Harmless Agreement, I understand that this extends to and applies to any personal injuries, injurious results, damages or losses which my child/ward may experience or sustain while engaged in Camp-related activities. I covenant for my own and my child's/ward's estate, executor, heirs and assigns, not to file suit or initiate any claim procedure against the Camp its owners, instructors, agents or employees in respect to any personal injuries, property damages or losses I or my child/ward may experience or sustain arising directly or indirectly out of Camp-related activities

I fully understand that this Waiver, Release and Hold Harmless Agreement relates to any and all damages or claims which may be asserted as a result of the negligence or alleged negligence of owners, instructors, agents, employees, or other persons associated with Johnsons Locust Hall Farm LLC

I have read this camp information.

DATED: _____

Parent/Guardian Signature

Child's Name

Print: _____

****DUE AT SIGN UP****