



Please send to: [events@appleacresfarm.com](mailto:events@appleacresfarm.com)  
OR: 363 Durgintown Road, Hiram ME, 04041

## Adventure Camp Registration

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

Date of Birth : \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_ Gender:  Male  Female  
                            day month year

Parent/Guardian - name and contact numbers: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Zip \_\_\_\_\_

PO Box \_\_\_\_\_

Emergency Contact - Name (other than parent/guardian) \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Medical Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the participant allergic to any medications or foods?

\_\_\_\_\_

List any physical condition (i.e. asthma, diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the session(s) you would like to attend. Sessions 1,2 and 4 are \$225 per child. Overnight campout is \$50. \*\*Session 3 is \$275 per child. A \$10 discount will be applied to siblings. Each child needs their own registration form. If registering by June 1st, take a 10% discount on total cost of registration.

- |   |   |
|---|---|
| <input type="checkbox"/> Session 1: July 11- July 15, 2016      | <input type="checkbox"/> Session 3: August 1st-August 5th *\$275.00 |
| <input type="checkbox"/> Session 2: July 18- July 22, 2016      |   |
| <input type="checkbox"/> Overnight at Ossipee Valley Music Camp | <input type="checkbox"/> Session 4: August 8 – August 12, 2016      |

A \$30 non-refundable deposit is due at the time of registration.

I understand that Apple Acres carries General Liability Insurance. Participants are responsible for providing their own Accident/Health Insurance. I give permission for my child to participate in all activities and programs scheduled by Apple Acres. I give my permission to the Apple Acres staff to authorize emergency medical treatment. I hold harmless Apple Acres, partners and affiliates. I give Apple Acres permission to take photos of myself or child participating in events and programs. I also understand any photos may be used in future promotions for Apple Acres Farm.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Staff \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_      Recpt. # \_\_\_\_\_      Total Amt PD \_\_\_\_\_