



GREEN ENERGY PROJECT REGISTRATION

*PLEASE: Only one student per form. Please Print. Fill out completely, both sides.
Copy as needed. Please return to address listed on the second page with payment.*

___ New Camper ___ Returning Camper ___ # of Years at Camp

Camper First Name _____ Last Name _____

Gender ___ Girl ___ Boy Date of Birth _____ Age _____ Entering Grade _____ T-shirt Size _____

Address _____ City _____ State _____ ZIP _____

Email #1 _____ Email #2 _____

Parent #1	First Name _____ Last Name _____ Relationship _____
Parent #2	First Name _____ Last Name _____ Relationship _____
Non-Parent Emergency Contact	First Name _____ Last Name _____ Relationship _____ Phone: Day _____ Night _____ Cell _____

Carpool List: I give permission to release my name, town, phone & email for the camp carpool list. ___ Yes ___ No

Payment Information: Note: Program payment is only due upon acceptance into program. Please pay a deposit of \$400 by June 1, 2010 and the remaining \$400 by June 28, 2010.

We Need Your Support! Become a Member of the Friends of Wolfe's Neck Farm. Members receive a \$5 discount per child/ per week (discount is up to \$30 total per family) and other benefits. You may send your membership in with your camp payment and apply the discount right away. Your membership dues are fully tax deductible.

___ I would like to join. (Check level below) ___ I am a current Friend of the Farm Member ___ No, Thank You

Membership Levels: ___ Family \$35 ___ Sponsor \$100 ___ Steward \$250 ___ Patron \$500 ___ Smith Society \$1000+

FINANCIAL AID / CAMP SCHOLARSHIP APPLICATION (Complete ONLY if requesting assistance)

If you would like to apply for financial aid, on a **separate sheet of paper**, please tell us the following.

1. **Camper name and birthday**
2. **# of Adults living in your Household** (over 18) and **# of Children in Household** (under 18),
3. **Annual Household Income from ALL sources** (Wages, SSI, TANF, Disability, VA, Alimony, Child Support/etc...)

Important Please enclose a copy of most recent tax return, or copies of documents verifying ALL income (for example: pay stubs). We cannot process application without verification of income.

Please understand that financial assistance cannot be given to everyone, and the limited financial assistance available will be given on a first come, first serve basis.

FOR OFFICE USE ONLY: INDB _____	HBSNT _____	Q _____	A _____	ADMIN INIT _____
DATE _____	TYPE _____	AMT _____	DISC _____	SCH _____
MED REVIEW _____	DR/RN INIT _____	NOTE _____		

MEDICAL INFORMATION & RELEASE

Please don't leave blanks! Please write "None" if it doesn't apply to you. Attach additional pages as necessary.

1) Please complete the attached **Youth Camp Immunization Record** or send a copy of the camper's immunization record from your pediatrician, or a copy of the International Certificate of Vaccination (Yellow Card).

2) Allergies & Treatment if exposed: _____

3) I authorize Wolfe's Neck Farm Day Camp staff to administer the following medications (including dosage)

4) I authorize Wolfe's Neck Farm Day Camp staff to re-apply sunscreen to exposed areas subject to sunburn: Yes___ No___

5) Please list any past Medical Treatments: _____

6) Any special dietary needs (ex. Vegetarian, Religious, Lactose Intolerant): _____

7) Behavioral or other information Camp staff should know to ensure your child has a positive camp experience:

Please Read and Sign:

My child, _____, has permission to participate in all camp activities. I understand that these activities may include certain risks, and I assume these risks on my own behalf and on behalf of my child.

**I authorize Wolfe's Neck Farm to administer the medications listed above to my child, and acknowledge that my child will not be provided any medication I have not authorized. I further authorize Wolfe's Neck Farm to secure medical or other treatment for my child at my expense if I am unable to be reached in an emergency.*

** I authorize Wolfe's Neck Farm to use my child's photo or likeness in promotional or informational materials which may be distributed to the general public.*

** In consideration for my child's participation in camp activities, on my own behalf and on behalf of my child and our heirs, personal representatives, and assigns, I hereby agree not to sue and to waive, release, and discharge Wolfe's Neck Farm and its subsidiaries and affiliates, officers, directors, agents, employees, and volunteers, of and from any and all claims, causes of action, and damages, which arise out of, or are connected in any way, directly or indirectly, with my child's participation in the Wolfe's Neck Farm camp program, including, but not limited to, any claims of negligence.*

Parent or Guardian Signature

Printed Name

Date

Please return your completed Registration and Medical Information & Release Form to:

Wolfe's Neck Farm
184 Burnett Road
Freeport, ME 04032

Please enclose payment with check made out to "WNF" or "Wolfe's Neck Farm" or call us with your credit card information at 865-4469. Please email education@wolfesneckfarm.org or call the Education Office at 865-4363, or if you have any other questions. Thank you. We look forward to seeing you this summer!