	Camper Name	Age T-Shirt size YXS, YS, YM, YL, YXL, AS
	Date of Birth	Most recent Grade completed
	Parent/Guardian	Home Phone
	Work Phone	Cell Phone
	Home Address	
	Parent/Guardian	Home Phone
	Work Phone	Cell Phone
	Home Address	
	* Please highlight the best contact number to be reached	
	Primary Email Address	
	Emergency Contact (other than listed above) Name	
	Relationship to child Best contact Phone number	
	Please list all allergies (food related allergies, stings, etc.)	
	List any other conditions we need to be aware of,	
L		Waiver and Release
y ac miss ier F	tivities of Maier Farm Summer Cam sion to administer first aid treatmen arm Staff permission to transport n	ect and my child is in good health and can participate in unless otherwise notified. In case of an injury, I grant Maier Farm nt on site. If I cannot be reached and the injury is deemed serious, I grany child to the nearest medical facility equipped to handle the injury. I expenses incurred as a result of these actions.
atui	re of Parent/Guardian	Date
	ve/ do not approve es on the farm website and in printed	that my child's picture may be used by Maier Farm for promotion d promotional items.
-	_	to Maier Farm including a \$50 non-refundable check made payable to M ur spot in week camp. (only 14 spots available per session)
دو دز	rcle which session you would like to atte	end

June

If you have any questions, please contact Stephanie Maier (828)310-7344 Maier Farm 8801 Mull Road Vale, NC 28168

maierfarm18@gmail.com