



Etsch Farms  
556 Buckelew Ave  
Monroe Twp., NJ 08831

## 2018 Registration Form

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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I give Etsch Farms permission to use any photographs of my child for publications or promotions.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_



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## **Medical Information**

Child's name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

List any allergies (foods, medicines, bee stings) or medical conditions:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **In Case of Emergency:**

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In the event of a life threatening emergency, Etsch Farms will call 911 first  
and notify parents/guardians second.



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## Parent/Guardian Agreement & Hold Harmless Form

For the safety of the Children, sound medical practice calls for this authorization. In emergencies, where the Parent/Guardian or Emergency Contact of the Child cannot be reached, this form will be extremely important. The authorization granted by this form will only be used when absolutely necessary and only after every attempt has been made first to contact the Parent/Guardian or Emergency Contact.

I hereby give my permission for my Child to attend Etsch Farms' "Farm Days for Kids, operating as Etsch Farms Farm Camp." The Child herein described has permission to engage in all camp activities except as noted.

I hold harmless Etsch Farms and their employees, agents, servants and volunteers from all risk, liability, injury, damage and loss to all persons and property which may occur to my child during or resulting from participation in the program.

I hereby authorize Etsch Farms to take measures in the event of a medical emergency. I hereby give permission to the medical personnel selected by Etsch Farms to order x-rays, routine tests, treatment and necessary related transportation for my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the Physician of the hospital selected by Etsch Farms to secure treatment, including hospitalization for my Child as named on the Registration form. The Etsch Farms staff cannot assume any responsibility for administering any medication to children.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date