



Etsch Farms
556 Buckelew Ave
Monroe Twp., NJ 08831

2018 Registration Form

Child's name: _____

Age: _____ Birthdate: _____ Entering Grade: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to Child: _____

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