

# CONNOLLY RANCH

Connecting Kids With Nature

## 2010 Life on the Farm Adventure Camps

(for kids 6-11 years old)

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| <input type="checkbox"/> Week of June 21 | <input type="checkbox"/> Week of July 19 |
| <input type="checkbox"/> Week of June 28 | <input type="checkbox"/> Week of July 26 |
| <input type="checkbox"/> Week of July 12 | <input type="checkbox"/> Week of Aug. 2  |

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Cell phone #s \_\_\_\_\_

E-mail Address \_\_\_\_\_

Welcome to Connolly Ranch! We look forward to making your child's participation in the program an enriching and enjoyable one.

**COST:** The cost is \$250 per child per week. If your child has a sibling who will also attend the same camp session, the cost for the sibling is \$225. If your child or children attend an additional week or weeks of camp, the cost for each additional week is \$225 (\$200 for siblings). Send payment in full by check or, if paying by credit card, please provide the type of credit card (Visa and MasterCard only), the card number and expiration date (on a separate sheet of paper is okay).

Here are a few recommendations to help make your child's experience at Connolly Ranch:

- Please dress in clothing that is appropriate for potentially dirty-outdoor play and that is appropriate for the weather. Boots or closed toe and heel shoes are strongly recommended. A hat can also come in handy.
- Please bring a sack lunch and drink each day, preferably in a re-usable container.
- Drop off and pick up will take place at Westwood Hills parking lot on Browns Valley Road.

The State of California requires sponsors of recreation programs to inform parents of the nature and structure of programs their children are participating in. The State also requires the sponsor of the program have signed statement from each parent or responsible party that they understand the conditions under which the facility operates and that it is not a licensed child care facility.

As consideration for being permitted use the facilities at Connolly Ranch, I hereby agree that I, my child, my spouse, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue Connolly Ranch or attach the property (owned by the Land Trust of Napa County) on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any officer, agent, member, or volunteer of Connolly Ranch. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises.

I hereby release Connolly Ranch from all actions, claims, or demands that I, my child, assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my attendance of events at Connolly Ranch.

I hereby give permission to Connolly Ranch to take photos of my child for promotional purposes.

Signature \_\_\_\_\_

**EMERGENCY INFORMATION**

**Please be sure that all contact information has been completed on the reverse side of this form.**

Person to notify (other than parents) in case of emergency:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Please list any/all persons (other than parents) you give permission to pick up your child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Medical Information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital to which your child should be transported if necessary \_\_\_\_\_

Is your child currently on medications? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is your child allergic to anything? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what? \_\_\_\_\_

Other information we should know (custody situations, fears, special needs, etc.)

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