

Unbound Grace Summer Kids Camp Registration Form

4118 VT RT 116 Starksboro, VT | (802) 377-1066 | UnboundGrace.org | facebook.com/UnboundGrace
Classical Horsemanship July 9-12 | Orienteering & Maps July 23-26 | Musical Theater August 6-10
Ages 6 - 17
Farm-Based Learning for Active, Healthy Kids

Please contact Kerry@UnboundGrace.org with any questions about this registration form, how to get financial assistance to help with the cost of the program, or questions about our farm and educational programs in general.

* Required

1. Email address *

Camper

2. Camper's Name *

3. Camper's Birthdate *

Example: December 15, 2012

4. Camper's Age *

5. Camper's Gender *

Mark only one oval.

- Female
- Male
- Non-binary
- Prefer not to say

6. Camper's dietary restrictions *

Mark only one oval.

- None
- Vegetarian
- Vegan
- Kosher
- Gluten-free
- Other: _____

7. Camper's School Name *

8. Camper's Hobbies

Parent/Guardian Contact Information

9. (1) Parent/Guardian First *

10. (1) Parent/Guardian Last *

11. (1) Parent/Guardian Workplace(s)(for primary household) *

12. (1) Parent/Guardian Phone Number (Home) *

13. (1) Parent/Guardian Phone Number (Cell)

14. (1) Parent/Guardian Phone Number (Work)

15. (1) Parent/Guardian Email Address

16. (1) Parent/Guardian Physical/Mailing Address *

17. (1) Parent/Guardian City/Town *

18. (1) Parent/Guardian Zip Code *

19. (2) Parent/Guardian First Name (Only if camper has multiple households)

20. (2) Parent/Guardian Last Name

21. (2) Parent/Guardian Workplace

22. (2) Parent/Guardian Phone Number (Home)

23. (2) Parent/Guardian Phone Number (Cell)

24. (2) Parent/Guardian Phone Number (Work)

25. (2) Parent/Guardian Email Address

26. (2) Parent/Guardian Physical/Mailing Address

27. (2) Parent/Guardian City/Town

28. (2) Parent/Guardian Zip Code

Emergency Contact Information – Alternate Pickup/Release

29. (1) Emergency Contact First Name *

30. (1) Emergency Contact Last Name *

31. (1) Emergency Contact Phone Number (home)

*

32. (1) Emergency Contact Phone Number (cell) *

33. (1) Emergency Contact Phone Number (work) *

34. (1) Emergency Contact email address *

35. (1) Emergency Contact relation to child *

36. (2) Emergency Contact First Name

37. (2) Emergency Contact Last Name

38. (2) Emergency Contact Phone Number (home)

39. (2) Emergency Contact Phone Number (cell)

40. (2) Emergency Contact Phone Number (work)

41. (2) Emergency Contact email address

42. (2) Emergency Contact relation to child

43. Please list those people in addition to parents/guardians who are permitted to pick up your child:

Medical Information

44. Physician Name *

45. Physician Address *

46. Physician Phone Number *

47. Health Insurance Provider *

48. Any known allergies, previous injuries, or other physical or medical conditions: *

49. Any other medical info about the camper: medication that may need to be checked in with Camp Counselors, etc.:

50. I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.
(Parent/Guardian Initials indicate consent.) *

51. I understand that Unbound Grace will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.
(Parent/Guardian Initials indicate consent.) *

Additional Info

52. Please indicate how you heard about the Unbound Grace Summer Kids Programs. *

53. Previous riding experience (if any): *

54. Week(s) you're interested in attending: *

Check all that apply.

- Classical Horsemanship July 9-12
- Orienteering & Maps July 23-26
- Musical Theater August 6-10
- Young Sentinels Program

55. Any other info about the camper: learning differences, mental/emotional conditions, comments/concerns re: caregiving, learning: *

Terms of Agreement

56. I hereby give permission for my child to be photographed during the Unbound Grace Summer Kids Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Unbound Grace.
(Parent/Guardian Initials indicate consent.) *

57. I hereby give permission for the transportation of my child for official Unbound Grace activities by modes of transportation agreed to by the camp organizers. (Parent/Guardian Initials indicate consent.) *

58. Unbound Grace and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).
(Parent/Guardian Initials indicate consent.) *

To complete your registration, please send us your \$50 registration fee.

Please mail your registration fee of \$50 per camper to Unbound Grace, PO Box 8, Starksboro VT, 05487. Your registration won't be complete until we receive your registration fee in the mail.

Thank you so much for your interest in the Unbound Grace Summer 2018 Programs!

A copy of your responses will be emailed to the address you provided

