

Littlefolks Farm Pioneer Camp
Registration Form
June 13, 14, and 15, 2019

Please complete all 3 pages of this form and send it by **May 15, 2019**, with the registration fee, to
Littlefolks Gospel Productions, Inc.
PO Box 4168
Wichita Falls, TX 76308

Registration fee: \$40.00 for the first child
\$10.00 for each brother, sister, parent, grandparent, or other adult attending.

Children's names: _____

Adults attending: _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell _____ Email _____

I understand that neither Littlefolks Gospel Productions, Inc., their board of directors, nor Ginger Brown and her farm are responsible for accidents. I am responsible to carry my own insurance for medical needs or accidents while on the farm.

Our health insurance is with _____.
(Please bring your health insurance cards.)

Parent or guardian signature _____ Date _____

Please enclose the registration fee with this form.

First child		\$40.00
Number of brothers and sisters attending	_____ x \$10.00	fee _____
Number of adults attending	_____ x \$10.00	fee _____
Total registration fee enclosed		_____

Please send completed registration forms and fees by May 15, 2019, to the address above.

Littlefolks Farm Emergency Contact and Medical Information

1st Child _____ Date of Birth _____ Sex M F

2nd Child _____ Date of Birth _____ Sex M F

3rd Child _____ Date of Birth _____ Sex M F

Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State ____ Zip _____

Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State ____ Zip _____

Alternative Emergency Contacts

Primary Emergency Contact _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State ____ Zip _____

Secondary Emergency Contact _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ City _____ State ____ Zip _____

Medical Information

Physician's Name _____ Phone _____

Insurance Co. _____ Policy No. _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent or guardian signature _____ Date _____

Littlefolks Gospel Productions, Inc. and Board Liability Waiver

I give permission for my child to attend Littlefolks Farm Camp. I release Littlefolks Gospel Productions and individuals associated from liability in case of accident during activities related to this camp, as long as normal safety procedures have been taken.

Parent or guardian signature _____ Date _____

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Photo Release and Authorization Form

In consideration of (students' names and adults' names) _____

Address _____ City _____ State ____ Zip _____

Phone _____ (Use separate forms for each family)

Releasor (the person who signs below) hereby consents to the above persons being subjects of photographs taken at the 2019 Farm Camp by Ginger Ingram Brown, camp staff, or participants, which were given to Ginger Ingram Brown, and hereby authorize Ginger Ingram Brown to cause the same to be exhibited with or without advertising sponsorship, as still photographs, transparencies, motion pictures, television, video, YouTube, or any other similar media.

Releasor hereby releases Littlefolks Gospel Productions, Inc., and its agents, servants, employees, representatives, predecessors, successors, assigns, subsidiaries, affiliates, officers, shareholders, and directors, from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based on the use of the above described materials.

In witness whereof, the Releasor has executed this release and authorization to Littlefolks Gospel Productions, Inc. on the day and year given with signature below.

Releasor (Parent/guardian/adult participant for yourself)

(Signature)

Date

Print Name

Address

City

State

Zip

Home Phone

Cell Phone

Email