

**Littlefolks Farm Pioneer Camp  
Registration Form  
July 8, 9, and 10, 2021**

Please complete all 3 pages of this form and send it by **June 30, 2021, 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 June 30, 2021, to the address above.**

## Littlefolks Farm Emergency Contact and Medical Information

1<sup>st</sup> Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

2<sup>nd</sup> Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

3<sup>rd</sup> 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 \_\_\_\_\_

# Littlefolks Farm Pioneer Camp

## July 8, 9, and 10, 2021

### 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 2021 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