SUMMER CAMP 2018

PARTICIPANT'S NAME: _____.

DATE OF BIRTH:_____AGE:_____.

HOME PHONE:_____.

SECOND PHONE:_____.

EMERGENCY:_____.

DOCTORS NAME: _____.

PHONE:_____.

I hereby release Way Farm from any liability with connection of the activity of my child. I give permission to a licensed physician or other hospital staff member to carry out emergency care deemed necessary to myself/child when normal permission is unavailable. I certify that my child is in good heath and have no limitations other than those listed below which may predispose me, or my child, to risk during this program.

DATE: _____SIGNATURE:_____.

I do or do not grant permission to used my child's photo on the Way Farm website or advertisement solely for the purpose of illustrating Way Farm programs and services (names and other information will not be used).

CIRCLE PLEASE

July 9-13 July 16-20

August 6-10 August 13-17

WAY FARM FIELD TRIP PERMISSION SLIP

I, _____,Give my child(ren) _____

Permission to go on a field trip with the WAY FARM HORSEMANSHIP CAMP.

DATE:_____SIGNATURE:_____.

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Please mail to:
Way Farm
c/o Michelle Kaplin
1491 Chigwell Lane
Webster, NY 14580