



## Sauvie Island Center Farm Camp Registration

1. To reserve a spot for our camp the week of July 16-20, begin by contacting Jennifer James at (503) 341-8627 or email Jennifer@sauvieislandcenter.org.
2. Next, return the registration form with your \$225 payment by mail or pay online on our [website](#). Payment must be received within 10 days of registration, to hold your spot.
3. You will receive a confirmation email once we've received both the form and payment.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_

Parent/Guardian #1 : \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/Parent/Guardian #2 : \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My child can be picked up by: Adult Name \_\_\_\_\_

**Enclose a check made out to Sauvie Island Center and mail with form to the address below. Camp is 9:30 – 3:00. Each child should bring a sack lunch and a water bottle each day.**

**Refund Policy:** 30 days before camp date: full refund minus \$25 processing fee; 29-11 days before date of camp: ½ refund minus \$25 processing fee; 10 days or less before the start of camp: No Refund.

**Health Concerns/Dietary Restrictions:** Please list any health concerns or dietary restrictions (asthma, allergies, etc.) that we should know about. Please list medications(s), when taken, and purpose (s). Use back of form if necessary.

**Behavior/Learning Concerns:** Please describe any behavior/learning concerns (ADD, hyperactivity, etc.). Use back of form if necessary.

**Medical Release:** I give my permission for the Sauvie Island Center staff to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold the Sauvie Island Center, its officers, employees and volunteers harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** Sauvie Island Center has my permission to use any photographs that may include my child in their publicity or communications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sauvie Island Center, 20233 NW Sauvie Island Road, Portland, OR 97231**