



## Summer Camp 2023 Registration Form

### Child's Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

### Parent/Guardian – Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to child \_\_\_\_\_

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

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Please print and complete this registration form and email to [wildcraftkitchenga@gmail.com](mailto:wildcraftkitchenga@gmail.com)  
or mail to **Wildcraft Kitchen LLC. PO Box 1244, Clayton, GA, 30525** prior to the start of camp.



**Medical Release Information**

*Insurance Information*

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

*Please list any medical issues, including any required maintenance medications (i.e. Diabetes, Asthma, Seizures).*

Medical Diagnosis \_\_\_\_\_

Required treatment \_\_\_\_\_

Should paramedic be called? Yes / No

Please list all allergies (*medications, environmental allergies, food allergies/intolerances*)

\_\_\_\_\_  
\_\_\_\_\_

Does your child follow any special diets?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like for us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be notified in the case of an 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's/Guardian's Initials \_\_\_\_\_

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## **Assumption of Risk, Release of Liability and Waiver**

By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent that the child identified above (my Child) participate in the activities of Wildcraft Kitchen LLC and The Foxfire Fund, Inc. I also represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian. I acknowledge that the participation of my Child in Wildcraft Kitchen Summer Camp at the Foxfire Museum and Heritage Center, which includes participating in activities related to preparing and eating food, involves known and unknown risks, including the risk of physical injury, death and other damage. On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in Wildcraft Kitchen Summer Camp at the Foxfire Museum and Heritage Center and eating the food prepared there. I understand that there are risks inherent in cooking and eating the food prepared, including but not limited to, slips, falls, cuts, burns, choking, food allergy reactions and other accidents and injuries that may arise from the activity of cooking and eating the food prepared in class. In consideration for my Child being permitted to attend and participate in Wildcraft Kitchen Summer Camp and any and all of the activities that are or might be associated with Wildcraft Kitchen LLC and The Foxfire Fund, Inc., on my Child's behalf, I release and further agree to indemnify, defend and hold harmless Wildcraft Kitchen LLC and The Foxfire Fund, Inc., including its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorney fees) whatsoever that could be brought by me, my Child or a third party acting on behalf of my Child or me for acts or omissions related in any way to, or arising out of, Wildcraft Kitchen Summer Camp and the preparation of food in that class for consumption.

By signing below I agree to the above waiver.

Parent/Guardian Signature \_\_\_\_\_

I hereby give permission for my Child to be photographed during the Wildcraft Kitchen Summer Camp at the Foxfire Museum and Heritage Center. I understand that although my Child's photograph may be used for advertising, I do not expect compensation and that all photos are the property of Wildcraft Kitchen LLC and The Foxfire Fund, Inc.

By signing below I agree to the above waiver.

Parent/Guardian Signature \_\_\_\_\_

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