

Summer Art Camp

At Little Lost Creek Alpaca Farm

Camper's Name

Age and Grade

Parent's Name

Contact Number

Parent's Email Address

2nd Contact/relationship

Parent's Home Address

Name of Physician

Phone Number of Physician

Please check the medications/dosage that may be administered to your child:

___ / ___ Advil ___ / ___ Tylenol ___ / ___ Benadryl

Please list any allergies your child may have:

Camper Will Attend the Following Weeks:

June 16–20 Week 1 _____ August 4–8 Week 6 _____

June 23-27 Week 2 _____ August 11-15 Week 7 _____

June 30- July 3 Week 3 _____ August 18-22 Week 8 _____

July 7-11 Week 4 _____ August 25-29 Week 9 _____

July 28-August 1 Week 5 _____

Notes about your child:

I hereby give my consent for my child to attend Art Camp at Little Lost Creek Alpaca Farm and relieve the camp and its affiliated staff from any and all liability for sickness, accidents or injuries while attending camp or on farm property. I give my consent to camp staff to authorize medical help on site or at an appropriate facility in the event of an emergency. I also give my consent for the camp to use pictures or videos of my child (first name only) to promote the camp and Little Lost Creek Alpaca Farm.

Parent or Legal Guardian
(Please print)

Parent or Legal Guardian
(Signature)

Mail Registration to:

Little Lost Creek Alpaca Farm
1980 Quarry Rd.
P.O. Box 119
Salford, PA 18957

Please enclose a non-refundable deposit of \$100 per camp week, checks made payable to Little Lost Creek Alpaca Farm.
You are welcome to pay in full if you prefer

A reminder:

Enrolling for multiple weeks of 3 or more - take a 10% discount.

Enrolling by April 30th – take a 15% discount for early enrollment and multiple weeks.

Discounts can only be taken at the time of enrollment.