

Dapper Dan Farm
2022 Summer Camp Registration

Camp Date(s): _____

Name of Camper: _____ Age: _____ DOB: _____

Street Address: _____

Town/City: _____ State: _____

Emergency Contact:

Please list name, relationship to camper, and phone number

1. _____

2. _____

Does your child have an allergy? If so, please list below as well as any medications they are prescribed:

In case of emergency, does Dapper Dan Farm and its staff have your permission to seek medical attention and/or treat your child with provided medication? Please circle: YES NO

Parent/Guardian Signature: _____