

General Registration for Work Weekend 2010

Please check which event you are registering for:

Ice cutting (February 12-15) Spring Planting (May 28-31) Harvest (October 8-11)

Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): Home () _____ Cell () _____

Email: _____

Attendees: List all attendees in your party below. Please include age for all attendees under 18.

_____	_____
_____	_____
_____	_____

I / We are new to F&W: yes no

Arrival time and date: _____ Departure time and date: _____

I / We would like lodging and meals at Farm and Wilderness on

Friday night Saturday night Sunday night

For Ice cutting only; Are you are a (summer 2009 or 2010) Flying Cloud camper? Yes

- I/We will be able to stay for final clean-up after breakfast on Monday morning.
- I/We will not be able to stay for clean-up on Monday, but agree to help with a similar work project during the weekend.
- I am interested in being a chaperone and give permission for F&W to give my email address to folks looking for a chaperone.
- I would like to car pool to work weekend and give permission for F&W to give out my email address to other folks attending work weekend.

I/we total _____ participants that will attend Work Weekend. I/We look forward to contributing my/our energy and ideas to make this temporary community come alive.

Enclosed is my payment of \$_____.

Cancellation / Refund Policy:

*Cancellations must be made at least 14 days prior to the event for a full refund. If cancellation occurs within 14 days of the event a credit will be issued that can be used towards payment for future Farm & Wilderness events within that calendar year, summer camp tuition or a contribution to the foundation. It is not possible to make any reduction in the **paid** registration fee if you change arrival or departure dates. The only exceptions are withdrawal on account of serious illness or injury incurred while at F&W. There will be no refund if you are asked to leave camp during the event due to an infraction of Farm & Wilderness rules or if you withdraw voluntarily.*

Please turn the page and complete the back side of the registration form

I/We agree to abide by the following guidelines:

At Farm & Wilderness we promote a community where everyone can come to work and play together as safely as possible. As part of that community, we ask that you agree to abide by the following guidelines:

1. No tobacco, drugs, alcohol, or firearms allowed.
2. No open flame inside any of the buildings.
3. Respect quiet hours that begin at 10 p.m. and end at 6:30 a.m.
4. Participate in the community tasks associated with this event including work projects, meal preparation and cleanup.
5. Youths under 18 must be accompanied and supervised by an adult (21 years or older) at all times, including out on the trails and at the waterfront. (and on the ice over Ice cutting weekend)
6. All cabins/overnight sleeping spaces must have a minimum ratio of 1 adult to 5 youths.
7. **Please leave your pets at home.**
8. No electronic devices (tape and CD players, electronic games, etc.).
9. Understand and abide by the waterfront rules.
 - A certified lifeguard must be on duty to swim at the waterfront.
 - No child should be at the waterfront at any time without a parent or parent-designated adult.
 - Each person in a canoe or boat must WEAR safety vests (i.e. PFDs, life jackets).
 - Children under 18 who can swim may only go boating with their parent or parent-designated adult.
 - No diving off docks.
 - No swimming in winter.

To be read and signed by every family member or chaperoned child over the age of 12.

I HAVE READ THE ABOVE POLICIES AND GUIDELINES AND AGREE TO ABIDE BY THEM WHILE AT FARM & WILDERNESS. I RECOGNIZE THE HAZARDS ASSOCIATED WITH THE LAKE, THE ROCKY, MOUNTAINOUS AND FORESTED TERRAIN OF FARM & WILDERNESS, AS WELL AS THE HAZARDS ASSOCIATED WITH THE WINTER CONDITIONS IN THIS ENVIRONMENT. I / WE ALSO UNDERSTAND THE RISKS INVOLVED WITH ICE CUTTING AND OTHER WINTER ACTIVITIES I MAY PARTICIPATE IN DURING A WORK WEEKEND. I/WE WILL NOT ENGAGE IN ANY RECKLESS, DANGEROUS OR DESTRUCTIVE ACTIVITIES. I /WE UNDERSTAND THAT FARM & WILDERNESS IS NOT RESPONSIBLE FOR THE SAFETY OR SUPERVISION OF PERSONS USING ITS PROPERTY. I /WE ARE ULTIMATELY RESPONSIBLE FOR OURSELVES AND THE MEMBERS OF OUR PARTY.

I give Farm & Wilderness my permission to use photographs taken of me/my child(ren) for marketing purposes.

Signature:	Print name:	Parent/guardian signature (If participant is under 18)
_____ /	_____ /	_____
_____ /	_____ /	_____
_____ /	_____ /	_____
_____ /	_____ /	_____
_____ /	_____ /	_____

**Please mail your registration form(s), health form(s) and payment to the Farm & Wilderness office
Attention: Work Weekend Farm & Wilderness Work Weekend Events.
263 Farm & Wilderness Road, Plymouth, VT 05056-9434

Farm & Wilderness Event Health History Form

Dear F& W event participant:

Please be sure to fill out this **health form for each member** of your family who will be **attending the event**.

The information on this form would be necessary for Farm & Wilderness staff in emergencies when you are injured or ill and not able to give us critical information about allergies, medications, medical history, or significant personal challenges. Social security numbers are required for treatment at Dartmouth Medical Facility, our nearest regional hospital and trauma center.

As parents, your permission for emergency medical treatment is also important should you be absent at the time of an accident. There is no need for you to make a doctor's appointment or to have a check-up; simply record the medical information and return the health form to us along with the registration form.

If you have any questions regarding health forms please contact the office.
(802/422-3761) or info@farmandwilderness.org

Name _____ Birth date _____ / _____ / _____
Last First Middle Initial

Home address: _____
Street address City State Zip

Phone: Home(_____) _____ Cell (_____) _____

Social security number of participant _____ Gender: Male Female

Custodial parent/guardian (if participant is under the age of 18)

Name _____

Home Address

(if different from above) _____
Street address City State Zip

Phone (_____) _____ Cell (_____) _____

Business address

_____ *Street address City State Zip*
Business phone (_____) _____

Emergency contact

Name _____ Relationship to participant _____

Address _____
Street address City State Zip

Phone (_____) _____ Business address _____

(Please turn the page and complete the backside of the form (insurance information))

Insurance Information (Event health history form continued)

Is the participant covered by family medical/hospital insurance? Yes No

If yes, indicate carrier of plan name _____

Group # _____

Name of insured _____ Relationship to participant _____

Social security number of policy holder or insurance number _____

Permission to Provide Necessary Treatment or Emergency Care. Important-These boxes must be completed for attendance*

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency.

I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips outside of camp.

Signature of participant or parent/guardian _____ / _____ Date

* If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.

Chronic/Current Condition(s): Please list and describe any chronic or current condition(s) that might affect your participation in the event.

Allergies: List all known:

Medication allergies (list) Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list)-include insect stings, hay fever, asthma, etc.

Participant signature: This health history is correct and complete as far as I know.

Signed _____ Printed _____ Date ____ / ____ / ____

Parent/guardian authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signed _____ Printed _____ Date ____ / ____ / ____

Chaperone Form

It is your responsibility to find a chaperone for your child for the duration of the weekend. This form must be completed for any participant under the age of 18 who plans to attend an F&W event without a parent or guardian. Parents of chaperoned children must complete this form and mail it to the office with the registration form and payment.

Chaperoned Attendees: Each adult may chaperone no more than ONE child under 18 from another family.

Chaperoned child:

Name of child: _____

Name of parent or guardian: _____ Relationship: _____

Address: _____

Daytime phone: (____) _____ Evening phone: (____) _____

I authorize _____ to chaperone my son/daughter _____
(Name of child's chaperone) (Child's name)

at _____ event. _____ /_____/_____
(signature of parent of chaperoned child) (date)

Guidelines for Chaperones

We ask that chaperones be attentive to the children they are responsible for at all times during the weekend to ensure for their safety and well being. We ask that they know their chaperoned children's whereabouts and activities throughout the Work Weekend. We recommend that children participate in a project with their chaperone. We ask that an adult stay behind and supervise small children too young to help out with work projects. All cabins/overnight sleeping spaces must have a minimum ratio of 1 adult for every 5 youths. We encourage chaperones to stay in the same cabin/overnight sleeping space as the participant they are chaperoning. **Participants under the age of 18 may not leave Farm & Wilderness property without their parent or chaperone.** Please speak with the Work Weekend Coordinators if you have any questions. Also, let us know if for any reason you are unable to supervise your children during any part of the weekend.

Thank you for your cooperation. We are looking forward to a great weekend in celebration of community, hard work, great food, spiritual rejuvenation, and most importantly a whole lot of fun!

DIETARY RESTRICTIONS

Name: _____

- | | |
|---|---|
| <input type="checkbox"/> lacto/ovo vegetarian | <input type="checkbox"/> vegan |
| <input type="checkbox"/> no red meat | <input type="checkbox"/> lactose intolerant |
| <input type="checkbox"/> no wheat | <input type="checkbox"/> no nightshades |
| <input type="checkbox"/> no melons | <input type="checkbox"/> no refined sugar |
| <input type="checkbox"/> no nuts | <input type="checkbox"/> other/ food allergies (please specify) |
-

Name: _____

- | | |
|---|---|
| <input type="checkbox"/> lacto/ovo vegetarian | <input type="checkbox"/> vegan |
| <input type="checkbox"/> no red meat | <input type="checkbox"/> lactose intolerant |
| <input type="checkbox"/> no wheat | <input type="checkbox"/> no nightshades |
| <input type="checkbox"/> no melons | <input type="checkbox"/> no refined sugar |
| <input type="checkbox"/> no nuts | <input type="checkbox"/> other/ food allergies (please specify) |
-

Name: _____

- | | |
|---|---|
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