



Summer Programs at Highfield Emergency Contact and Release Form 2015

Highfield Hall & Gardens, 56 Highfield Drive, P.O. Box 494, Falmouth, MA 02541

Please fill out a separate form for each child, all forms are due prior to the start date of each session.

Child Name: _____ DOB: _____ Age: _____ Grade 2015/16: _____

Nickname: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Summer Address (if different): _____

Parent/Guardian's Name: _____ Hm#: _____ Cell# _____ Work# _____

Parent/Guardian's Name: _____ Hm#: _____ Cell# _____ Work# _____

Please list two additional names to contact in the event we can not reach you:

Emergency Contact #1: _____ Hm#: _____ Cell# _____ Relationship to child: _____

Emergency Contact #2: _____ Hm#: _____ Cell# _____ Relationship to child: _____

**By listing the names above as emergency contacts you are also authorizing permission for them to pick up your child(ren) from our Summer Programs. In the event we do not know this person we will require a picture ID at the time of pick up.*

Please check which session(s) your child will be attending:

- | | |
|--|---|
| <input type="checkbox"/> July 6—July 10:
Fairy Houses & Woodland Cottages with Sally Egan | <input type="checkbox"/> July 6 - July 10, afternoon:
Sewing Camp: American Girl Dolls with Sally Egan |
| <input type="checkbox"/> July 27 - July 31:
Camp Highfield With Caroline Inman | <input type="checkbox"/> July - 27—July 31, afternoon:
Wonderful Wool with Sally Egan |
| <input type="checkbox"/> August 3—August 7:
Kitchen Fun with Sally Egan | <input type="checkbox"/> August 3—August 7, afternoon:
Tiny worlds with Sally Egan |

Health Information:

Allergies (food & insects): _____

Is your child taking any medications regularly at this time: No _____ Yes (*please list*): _____

Any health issues or concerns? Please explain: _____

Outdoor Care:

We will be spending a lot of time outside and will take walks around the property and surrounding woods, we ask that parents apply sunscreen and bug repellent before dropping their child off everyday. We will not be applying any products or giving out any medications to your child unless medically necessary. Please have your child wear a hat and proper footwear to be able to comfortably participate in all our activities. NO SANDALS PLEASE.

Release of liability:

I/we acknowledge and understand the risks involved in Highfield Hall & Garden's 2015 Summer Programs and grant permission for _____ to participate and assume those risks. The Summer Program schedule will involve athletic activity and may include but is not limited to: hiking, running, jumping, field games, and sprinklers. Due to the nature of these activities, we wish to inform you that as with any athletic outdoor activity the possibility of injury does exist. In signing below I recognize and accept the risks involved. I/we further agree for ourselves and on behalf of our child to hold harmless Highfield Hall & Gardens and all associated officers and staff for any injury arising out of my son's/daughter's participation.

Signature of parent/guardian: _____ **Date:** _____