

Twelve Acre Farm

1585 Harbourton-Rocktown Rd
Lambertville, NJ 08530
732-616-0529

2027 Counselor in Training (CIT) Registration

12-15 years of age

Participant's Full Name: _____ Nickname: _____

Age: _____ DOB: _____ Preferred descriptive pronoun: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

LIABILITY RELEASE: Under New Jersey Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to P.L. 1997, c287 (C5:15-1 et seq).

I acknowledge the inherent risks in riding and working with horses and other farm animals. However, I feel that the possible benefits to myself/my child are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against Twelve Acre Farm, its board of directors, advisory board, instructors, therapists, aides, volunteers, employees, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child may sustain while participating in Twelve Acre Farm program.

Participant/Guardian's Signature

Date

CONFIDENTIALITY POLICY

Twelve Acre Farm shall preserve the right of confidentiality for all individuals (participants, volunteers, and staff) in its programs. As a participant, you must maintain the confidentiality of sensitive information regardless of how it is obtained. Information which must be kept confidential should include, but not be limited to: all medical, social, personal, and financial information regarding a person and his/her/their family.

Participant/Guardian's Signature

Date

PHOTO & PUBLICITY RELEASE (Optional): ☐ Do not consent

I hereby consent to and authorize Twelve Acre Farm to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the programs.

Participant/Guardian's Signature

Date

PHOTO SHARE WITH FAMILIES FROM CAMP (Optional): ☐ Do not consent

I hereby consent to and authorize Twelve Acre Farm to share photographs of my child during camp with other families whose children attended camp during the same week for the sole purpose of sharing their experience with you and preserving lasting memories of their time with friends at camp.

Participant/Guardian's Signature

Date

2027 CAMP DATES

Please indicate how many weeks you would like your child to attend: ____

Please indicate your 1st, 2nd & 3rd choice of week in order of preference below

☐ Week 1 | July xx-xx

☐ Week 2 | July xx-xx

☐ Week 3 | Aug xx-xx

☐ Week 4 | Aug xx-xx

Twelve Acre Farm reserves the right to terminate participation without refund if the health and safety of any human or animal is threatened by a participant's behavior. Twelve Acre Farm is not responsible for transportation or supervision of participants before 9am or after 1pm. Late pick up will result in additional fees at a rate of \$10/hr. ID will be required at pick up. Please list all individuals with permission to pick up participant here:

Camp Hours & Cost: M-F 9am-1pm \$400/wk (%10 discount for siblings or multiple weeks)

Registration & Deposit (\$100) due **February 1, 2027**

Full Payment/Remainder due **April 1, 2027**

Check: to Twelve Acre Farm - Mail or Drop Box on Red Barn at farm (address at top of page)

Zelle: Dawn Wessler, Twelve Acre Farm LLC, 732-616-0529, dawn@twelveacrefarm.com

Venmo: @Dawn-Wessler (732-616-0529)

All deposits and payments are non-refundable. Camp will happen rain or shine.

Please circle participant T-shirt size

Youth: S M L

Adult: S M L XL

Medical History

Allergies (food/medicine/etc.) _____

Health Concerns _____

(A Tetanus Booster is recommended for all farm activities and should be updated every 8-10 years.)

PLEASE PROVIDE A UNIVERSAL HEALTH FORM OR EQUIVALENT (from your pediatrician/required by the NJDOH)

☐ My child is in good health as confirmed by a physician, and able to participate in all activities without restriction.

☐ My child may participate with restrictions. Please list all restrictions/considerations here:

Medical Consent

If I cannot be reached in the event of a serious injury or illness, I give permission for my child to be treated by medical professionals as appropriate, and to use any lifesaving means necessary.

Participant/Guardian's Signature

Date

Family Physician/Phone _____

Insurance Company/Policy # _____

In case of minor cuts or bug bites, the following may be administered topically by the camp director.

☐ Neosporin ☐ Hydrocortisone ☐ Calamine ☐ None _____(initial)

Typical Daily Camp Schedule

(activities/times may vary)

9:00am	Sign in Morning Activity Daily Announcements
9:30am	“Animal of the Day” Care & Handling Farm Chores Petting Zoo Games & Activities
10:30am	Snack
11:00am	Farm Craft Gardening Beneficial Bugs Outdoor Farm Food Creating
12:00pm	Lunch
1:00pm	Pick-up

Reminders:

- Apply sunscreen before drop-off
- Wear clothes and shoes that can get dirty and wet
- Bring a towel and a set of dry clothes to go home in
- Bring lunch, snacks, and a refillable water bottle

Counselors in Training (CIT): will be given more responsibility and a t-shirt that signifies their CIT status. They will be expected to escort campers between activities, play games with them, and help them with their crafts.