

Please complete entire form and return with registration

Critter Camp Form

Child's Name _____ Age at camp _____

Grade last completed _____ Week Attending Camp _____

T-Shirt Size (please circle)

2/4 6/8 10/12 14/16 adult small adult medium adult large

Lunch

All lunches are served with carrots/apple slices, pretzels/animal crackers, fruit drink/water

You may choose from the following lunches

Chicken strips

Cheese Sandwich

Cheese Pizza

Grilled Chicken Wrap

Hot Dog

Tuesday _____ Wednesday _____

Thursday _____ Friday _____

We will provide popsicles for a snack.

Photo Information

Grant's Farm offers a memento photo package of your child's camp experience.

Please return this form and payment with registration.

Souvenir photographs will be provided to your child the last day of camp.

Critter Camp Photo Package \$15.00

(1) 4X6 Individual Photo (custom frame)

Photo purchase (please circle) yes no

Method of payment for camp/photo package Check Credit Card

Total payment can include camp fee and photo fee

Credit card payment is accepted by phone, Discover, MasterCard, Visa.

Please make checks payable to Grant's Farm.

Group with another child

If you would like your child to be in a group with their friend please indicate the child/children's names below.

Critter Camp Policies & Information

Registration Forms:

Registration for Critter Camp may begin Monday February 16th.

If registration and physical forms and payment are not received by Friday, May 22nd 2009 reservations may not be guaranteed.

Payment:

Payment (\$180.00 per camper) for Critter Camp is due with registration. Please make checks payable to Grant's Farm and mail payment and all forms to:

Grant's Farm
10501 Gravois Road
St. Louis, MO 63123
Attn: Critter Camp

Photo Forms

Grant's Farm offers a memento photo package of your child's camp experience. We will take a picture of your child having fun at Critter Camp.

Attached is a photo form. If you would like a framed picture of your child, please fill out form and payment (\$15.00) and send with registration form.

Physician Form:

Your child is not required to have a new physical to attend camp, please send physician form to your doctor and send back to me.

Confirmation:

Confirmation (via e-mail) will be sent when forms and payment are received in full. You will receive group name and pick up permit in mail at least one-two weeks prior to your child's camp start date.

Lunches:

Due to allergies or food sensitivities lunches may **not** be brought from home. We will provide lunch. Please fill out the attached lunch form and return with registration form.

Behavioral Policies:

Inappropriate and disrespectful, violent behavior and/or language is not acceptable. For fairness and safety of all children, your child may be asked to not return to camp if behavior is excessive or continues.

Dress Attire:

We will provide one Critter Camp t-shirt on the first day of camp, to be worn on all four days of camp. Please have your child wear tennis shoes and weather appropriate clothing. No sandals please.

Extra items for Critter Camp:

Please provide sun block for your child if you would like it applied during camp hours. Due to limited storage space at camp please leave bags, purses, games and extra items at home.

Thank you,

Erin Lawrence

Erin Lawrence
Camp/Education Supervisor
314-525-0847

Grant's Farm Critter Camp Health History Form

Camper Information

last name	first name	middle name	birth date	age at camp
Social Security number				M/F
home address		city	state	zip
Camp date(s)				
custodial parent/guardian		home phone	mobile phone <i>(must be registered in USA)</i>	
home address (if different from above)		city	state	zip
business address			phone	
second parent/guardian or emergency contact		phone	mobile phone <i>(must be registered in USA)</i>	
address (if different from above)		city	state	zip
business address			phone	
emergency contact (if parents not available)		relationship	phone	
address		city	state	zip

*e-mail address _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes

No

If so, indicate carrier or plan name _____

Group # _____

carrier address _____

name of insured _____

relationship to participant _____

Social Security number of policyholder or insurance ID number _____

name of family physician _____

phone _____

address _____

name of family dentist/orthodontist _____

phone _____

address _____

Health History

The information on this form will help us in providing appropriate care if or when necessary. The legal parent/guardian of the camper may fill in all information, with the exception of the page entitled, *Physical Examination and Recommendations by Licensed Physician*. Any changes to information on this form should be given to camp staff upon participant's arrival in camp. Please provide us with complete information so the staff can be aware of all needs. **CAMPERS MAY NOT START PROGRAM ACTIVITIES UNTIL A COMPLETED HEALTH HISTORY FORM IS ON FILE.**

		Allergies	Diseases	Conditions/Treatments (Conditions that a counselor should watch for)	
<input type="checkbox"/>	Frequent Ear Infection	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Bed-wetting*
<input type="checkbox"/>	Bleeding/Clotting	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Fainting
<input type="checkbox"/>	Psychiatric Treatment	<input type="checkbox"/>	Poison Ivy	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Heart Defect/Disease	<input type="checkbox"/>	Insect Sting*	<input type="checkbox"/>	Physical Disability*
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	Dehydration
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other Drugs*	<input type="checkbox"/>	Nosebleeds
<input type="checkbox"/>	Irregular Menstrual Cycle	<input type="checkbox"/>	Foods*	<input type="checkbox"/>	Behavioral*
<input type="checkbox"/>	Other*	<input type="checkbox"/>	Animal fur*	<input type="checkbox"/>	Sleepwalking*
		<input type="checkbox"/>	Other*	<input type="checkbox"/>	Other*

*Details _____

Immunizations

Vaccines

Status: *Participant has had all immunizations/shots as prescribed by good medical practice (subject to the recommendation of participant's own physician).*

DTP, TD	Up to date?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tetanus	Up to date?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Polio	Up to date?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Measles, Mumps, Rubella (MMR)	Up to date?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Restrictions

Dietary Restrictions Does not eat red meat/pork/poultry (*circle all that apply*)
 Does not eat eggs/dairy products (*circle all that apply*)
 Other (describe)

Describe any restrictions to physical activities, i.e., what cannot be done; what limitations are necessary:

Grant's Farm Critter Camp Medications Form and Release

Participant's name _____

- Participant takes NO medications (including over-the-counter or nonprescription drugs) on a routine basis.
- Participant takes the following medication (over-the-counter or nonprescription drugs) on a routine basis:
(Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.)

Med #1	dosage	specific times taken each day	reason for taking
Med #2	dosage	specific times taken each day	reason for taking
Med #3	dosage	specific times taken each day	reason for taking

— Attach additional pages for more medications if necessary —

Identify any medications taken during the school year that participant does not/may not take during the summer:

Over-the-Counter Medication Release

I, _____ hereby give Anheuser-Busch, Incorporated d/b/a Grant's Farm permission to administer the following over-the-counter medications, or a suitable generic substitute, to the above participant, if the Medical staff deems it necessary. Dosages will be administered according to directions on the medication packaging/bottle unless a physician directs otherwise. I hereby certify that my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

HeadacheTylenol	Upset Stomach Pepto Bismol, Mylanta, or Tums
Menstrual crampsIbuprofen	Diarrhea Imodium AD or Kaopectate
Itching, HivesBenadryl	Coughs Robitussin or Cepacol lozenges
Bee stingStingkill	Sunburn Cool Gel or Burn Spray
Sore LipsBlistex	Cuts or scrapes..... Triple antibiotic ointment
Toothache/ sore gums.....Orajel	Sinus Headache/Congestion..... Dristan Cold, Sudafed, or Pseudoephedrine with Tylenol
Poison IvyCalamine Lotion, Cortaid, Caldypen, or Caladryl	

Parent/Guardian Signature _____ Date _____

Physical Examination and Recommendations by Licensed Physician

Camp participant's name _____

I have examined the above participant. _____
date of last exam BP weight height

Camper is under the treatment of a physician for the following conditions: _____

Current treatment(s) at the time of this report includes _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medication(s) to be administered at camp (name, dosage, frequency) _____

Dietary restrictions _____

Allergies _____

Physical condition restricting camper activities _____

Grant's Farm Critter Camp is a physically demanding program. Camp activities include, but are not limited to, carrying heavy equipment and continuous walking. Campers may also be in close proximity to many species of animals and in their habitat where they may encounter the animals and dander, feathers or food items.

In my opinion, the above participant is / is not able to participate in an active camp program.

Licensed Physician's name

Physician's signature

date

Physician's address

phone

GRANT'S FARM CRITTER CAMP

PHOTO RELEASE

For valuable consideration received, I, _____, hereby give Anheuser-Busch, Incorporated d/b/a Grant's Farm ("Grant's Farm"), with respect to the photographs taken of my child in connection with Grant's Farm Critter Camp ("Photographs") the absolute and irrevocable right and permission to copyright the same in its name or otherwise, and to use the same for all purposes in any manner in any and all media now or hereafter known without restriction as to alteration.

I acknowledge and agree that I have no right, title or interest to the Photographs and agree that I will not claim any right, title or interest in or to the Photographs and that such Photographs are the exclusive property of Grant's Farm.

I hereby release and discharge Grant's Farm. from any and all claims and demands arising out of or in connection with the use of the Photographs, including any and all claims for libel or invasion of privacy or rights of publicity.

This authorization and release shall inure to the benefit of the heirs, legal representatives, licensees and assigns of Grant's Farm.

I am the parent or legal guardian of _____. I have read and understand the provisions of this document and fully enter into and agree to the above Release.

Parent or Guardian Signature: _____

Date: _____ Print Name: _____

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

**Grant's Farm Critter Camp
Consent and Release for Medical Treatment**

I, _____, the parent/legal guardian of _____, a minor participant, in consideration of being permitted to participate in the 2009 Grant's Farm Critter Camp (the "Camp"), do hereby, on behalf of the minor participant, execute this Consent and Release for Medical Treatment (the "Consent") with ANHEUSER-BUSCH COMPANIES, INC. D/B/A GRANT'S FARM, ANHEUSER-BUSCH, INCORPORATED D/B/A GRANT'S FARM, their parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns and any person, entity, estate, trust, trustee or employee of such who directly or indirectly owns, controls or has any interest in Grant's Farm, and their respective successors, assigns and beneficiaries (collectively, the "Released Parties"). I understand and agree that this Consent shall be binding on the minor participant, and the minor participant's family members, representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns. I represent and agree that I have the legal capacity and authority to act for and on behalf of the minor participant. I hereby agree to **release, waive and forever discharge** and to **indemnify, defend and hold harmless** the Released Parties from any and all claims, costs, expenses (**including attorneys' fees**), liabilities and damages, including but not limited to personal injuries or death, whether foreseen or unforeseen, present or future, known or unknown, as a result of, related to or arising out of (1) any insufficiency of my legal capacity or authority to act for and on behalf of the minor participant in the execution of this Consent, (2) any treatment or failure to treat the minor participant by any Medical Provider as hereinafter defined, and/or (3) the disclosure of any medical information or records for use in the medical treatment of the minor participant. This Consent is intended to be as broad and inclusive as permitted by law, and if any portion thereof is held invalid the balance shall continue in full legal force and effect. **IT IS THE INTENTION OF THE UNDERSIGNED, BY SIGNING THIS CONSENT AND RELEASE, TO EXEMPT, RELIEVE, RELEASE, WAIVE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY ARISING OUT OF THE PROVISION OR FAILURE TO PROVIDE MEDICAL CARE, OR ARISING OUT OF THE DISCLOSURE OF MEDICAL INFORMATION OR RECORDS, REGARDLESS OF WHETHER SAME MAY HAVE BEEN CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES (other than gross negligence or intentional torts).**

I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to the minor participant for any injury and/or condition that occurs, manifests or arises at the Camp or which occurs, manifests, arises out of or relates to any Camp activities or related activities. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition. I acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and **I knowingly and voluntarily agree to assume any such risk** for and on behalf of said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that the health history given as part of the minor participant's registration is correct to the best of my knowledge and that the minor participant is capable of engaging in camp activities except as otherwise noted on the health history form. A copy of this Consent may be used in place of the original.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT, AND ACCEPT AND AGREE TO ITS TERMS, AND SIGN IT VOLUNTARILY.

Signature of PARENT OR LEGAL GUARDIAN

Name of PARENT OR LEGAL GUARDIAN
(Please Print)

Address

City and State

Date

**Grant's Farm Critter Camp
Participant Release**

Thank you for participating in the 2009 Grant's Farm Critter Camp (the "Camp"). I, _____, parent/legal guardian of _____, a minor participant, in consideration of and as a condition of my child's/ward's ("child") participation, voluntarily sign this Participant Release ("Release") on my child's behalf and agree to the following:

That I received written materials and instructions relating to the Camp and assert that I have had an opportunity to review these materials;

That if my child fails to follow the rules or instructions, he/she will be removed from the Camp;

That Anheuser-Busch Companies, Inc. d/b/a Grant's Farm, Anheuser-Busch, Inc. d/b/a Grant's Farm and their respective parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns and any person, entity, estate, trust, trustee or employee of such who directly or indirectly owns, controls or has any interest in Grant's Farm, and their respective successors, assigns and beneficiaries (collectively, the "Released Parties") shall not be liable for any damages which may in any way result from or arise out of my child's attendance at and participation in the Camp:

That on behalf of my child, and on behalf of my child's family members, heirs, executors and administrators, I hereby fully RELEASE, DISCHARGE, ACQUIT AND FOREVER HOLD HARMLESS AND COVENANT NOT TO SUE any of the Released Parties for any claims, demands, damages, rights of action or causes of action, present or future, including without limitation those for personal injury and/or death and loss of property, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my child's attendance at and participation in the Camp or any related activities, regardless of whether such claims or damages are founded in whole or in part upon the alleged negligence (other than gross negligence or intentional torts) of the Released Parties.

That my child is in good health and there are no physical conditions that would or should prevent my child from attending or participating in the Camp. I further certify that my child does not currently have upper respiratory disease or illness (e.g., colds, flu, etc.), my child is not on medication that suppresses immune function or have possible side effects that would interfere with the Camp, and my child does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness;

That my child's attendance at and participation in the Camp may include being transported by the Released Parties to and from various Camp activities, carrying heavy equipment, continuous walking, being near, interacting with, feeding, touching and/or brushing certain birds, reptiles, and other land animals, including but not limited to horses and primates. I understand that there are risks and dangers involved in being physically close to certain birds, reptiles and other animals, and that there are intrinsic dangers with equine activities, and that these risks and dangers include but are not limited to being bitten and suffering severe personal injuries and possible death. **I AGREE TO ASSUME ALL RISKS** in relation to the Camp and any related activities, including transportation to and from various activities;

That this Release is intended to be as broad and inclusive as permitted by law, and if any provision or part of this Release shall be determined to be void by any court of competent jurisdiction, then such determination shall not affect any other provision or part of this Release and if any provision or part of this Release is capable of two constructions, one of which would render the provision or part void and the other of which would render the provision or part valid, then the provision or part shall have the meaning which renders it valid. I further agree that this Release shall be interpreted in accordance with the laws of the State of Missouri;

That the terms and conditions contained in this Release shall be binding upon my child, and my child's family members, representatives, executors, heirs, next of kin, successors, beneficiaries, assigns and personal representatives.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE, AND ACCEPT AND AGREE TO ITS TERMS, AND SIGN IT VOLUNTARILY.

Signature of PARENT OR LEGAL GUARDIAN

Name of PARENT OR LEGAL GUARDIAN
(Please Print)

Address

City and State

Date