



# 2022 REGISTRATION AND RELEASE FORM

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001  
412-974-1650 | Blueribbon5@verizon.net

## PLEASE COMPLETE WITH ALL REQUESTED INFORMATION

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

## IN CASE OF EMERGENCY

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Camp wishing to attend:  June 14–16  June 28–30  July 12–14  July 19–21  August 2–4

Would you like to be grouped with someone? \_\_\_\_\_

If you answered yes please specify name of individual(s)? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PHOTO RELEASE

For valuable consideration, the receipt of which Blue Ribbon Farms, Inc. hereby acknowledged, the undersigned hereby grants to Blue Ribbon Farms, Inc. permission to take, or have taken still and moving photographs, videos and films including television pictures of myself or my daughter/son/ward/horse (strike out inapplicable words).

\_\_\_\_\_ and consents and authorizes Blue Ribbon Farms, Inc. and its advertising agencies, news media and any other persons involved with Blue Ribbon Farms, Inc. and its program, to use and reproduce the photographs, films, videos and pictures to circulate and publicize the same by any means deemed appropriate by Blue Ribbon Farms, Inc., including without limitations newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials.

No inducements or promises have been made to me to secure my signature to this release than the intention of Blue Ribbon Farms, Inc. to use or cause to be used in such photographs, films, videos and pictures for the primary use of promoting and aiding Blue Ribbon Farms, Inc. and its programs.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ OR  I do not wish for photos to be used



# AUTHORIZATION FOR MEDICAL TREATMENT

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001  
412-974-1650 | Blueribbon5@verizon.net

## PLEASE COMPLETE WITH ALL REQUESTED INFORMATION

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## EMERGENCY CONTACTS

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Please note on the back of this form any medical considerations including allergies (bee stings, asthma, etc.), conditions requiring regular physician care, and prescribed medications taken regularly.

## CONSENT (Please initial only one, sign and complete below)

The undersigned hereby grants to staff members of Blue Ribbon Farms, Inc. the authority to receive information pertaining to health care of the student named below and to make health care decisions with respect to the student if the undersigned is unavailable to obtain such information or make decisions.

\_\_\_\_\_ **I DO** consent to Blue Ribbon Farms, Inc. obtaining health care information or making health care decisions concerning the student in the event I am unavailable in an emergency.

## NONCONSENT

Blue Ribbons Farms, Inc. requires an attendant to remain on the property with any student who do not have a consent signature. If the undersigned does not desire to grant a staff member of Blue Ribbon Farms, Inc. authority to obtain health care information or to make health care decisions for the student if the undersigned is unavailable, please initial the box below and state if the student becomes ill or is involved in an accident and the undersigned is unavailable:

\_\_\_\_\_ **I DO NOT** consent to Blue Ribbon Farms, Inc. obtaining health care information or making health care decisions concerning the student and I will always have a responsible party on site in case of an emergency.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# PAYMENT FORM

---

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001  
412-974-1650 | Blueribbon5@verizon.net

**PAY BY CHECK**

Please make check payable to:

Blue Ribbon Farms, Inc.

Mail to:  
384 Cow Path Road  
Aliquippa, PA 15001

**PAY BY CREDIT CARD**

Type of Card:



Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**By signing the above, this authorizes Blue Ribbon Farms, Inc. to bill my credit card this one-time fee.**