



2021 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 22–24 June 29–July 1 July 13–15 July 20–22 August 3–5

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
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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
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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.