

Oak Hollow Farm



2025 Summer Camp

Date: June 9-13, 2025

Time: 8 am to 4 pm (daily) Cost: \$325 per child

Ages: 5 to 12 yrs. old

The Oak Hollow Farm family would like to take this opportunity to thank you for your interest in our Summer Camp. Our camp is designed to focus on outdoor activities such as fishing, archery, tree climbing, scavenger hunts, walking trails, kickball, volleyball, hay rides, as well as popular indoor arts and crafts activities. We have a wide range of activities and games to create a day camp that is fun and exciting for both boys and girls. The 2025 camp is June 9-13, from 8 am to 4 pm, daily. The cost is \$325.00 per camper. A second child attending from the same family will get a \$25 discount and will pay only \$300.00. We also will be offering a \$25 discount for registering online by April 15, 2025.

Oak Hollow Farm provides **WATER** throughout the day at every activity. *Snacks and Lunch will also be Provided*

Space is limited so please register your child as soon as possible!

Register online, sign waiver, and pay \$100 <u>non-refundable</u> deposit or please fill out and mail the attached application and waiver to the following address along with a \$100 <u>non-refundable</u> deposit. The remaining balance of \$225 is due on the first day of camp.

Oak Hollow Farm Summer Day Camp Registration 14210 Greeno Road Fairhope, AL 36532

Camp Suggestions:

- Children should wear light, comfortable clothes and tennis shoes.
- Please have your child at Oak Hollow Barn no later than 7:50 am each day.
- If you need your child to ride home with anyone besides his or her dedicated transportation, please send a written note.
- Parents please let us know **before camp** if your child would like to be in the same group with another camper.

If you need to contact us during camp, please call one of the following camp administrators:

Glenda Bishop at (251) 942-5363 or Gloria Pierce at (251) 209-6162

Thanks again for allowing your child to participate in our Summer Camp.

		J	une 9-	13, 2025
OHF Summer Camp			Application Form	
Childs Name:	Child	s DOB:		AGE:
Address:				
Please list any medications (prescriptions & c that your child may have:				
Shirt Size: yS yM yL (Circle One)	or aS	aM	aL	aXL
My child would like to be in the same g	<mark>group with:</mark>			
Name:			<u>.</u>	
Name:			<u>.</u>	
<u>Parents Information</u> Mother's Info: Name:	Cell #			
Email:				
Father's Info: Name:	Cell #			°
Email:				
Medical & Insurance Information				
Doctor's Name:	Phon	e #		
Name of Insurance:	Policy	y #		
Policy Holder:				
<u>EMERGENCY CONTACT if parents ca</u>	nnot be reache	<u>d.</u>		
Name:				
Cell # Rel	ation to Child: _			
Emergency Authorization: I give permission for Oak Hollow Farm to obtai transportation, for my child if I cannot be reacher medical expenses incurred. I give permission fo child in accordance with instructions from the p	ed immediately. I a r Oak Hollow Farr	gree to be	responsible f	or any emergency
Signature:]	Date:		
How did you hear about camp?				

[□] Please check if we <u>DO NOT</u> have your permission to use your child's picture on our Facebook page or any other advertising.

Waiver & Release Summer Camp: June 9, 2025 - June 13, 2025

______ is solely responsible for these outdoor activities. Equipment and instructions will be provided before each activity. I agree to participate in a reasonable manner and use common sense.

Please initial beside each of the following:

_____I, for my minor children, do hereby release and hold harmless and blameless Oak Hollow Farm Inc. from and against any and all claims for damages of any nature which might arise from any activity participation.

_____I acknowledge that there is an element of inherent danger when one engages in outdoor activities and I assume all risk and take all responsibility for injuries or property damages received by myself for my children.

_____I understand that Oak Hollow Farm Inc. is not by law the insure of the safety of the patrons under all conditions if my minor child is injured, I will reimburse you and agree to hold you harmless for any amounts you are required to pay, whether damages or expenses, to defend any suit or claim.

_____I have read all the rules and the waiver and agree to same and waive any defense I may to any suite for reimbursement as contemplated herein.

Upon signing this application, I agree and comply with the above statements.

Signature:	Date:		
Witness:	Date:		