

Camp Harvest  
Sowers of the Harvest, Inc.  
P. O. Box 29  
Witter, AR 479-677-2199

**Camper's Name (Please print)** \_\_\_\_\_

- I give permission for my child to attend camp at Camp Harvest in Witter, AR.
- I hereby authorize camp representatives or sponsors to secure needed medical treatment in the event I cannot be reached for permission. I release the camp representatives or sponsors from liability for accident or injuries for the duration of this camp and activities.
- I further understand and agree that, in the event that the above named camper is involved in repetitive and willful violation of camp rules or dangerous activities, I will make arrangements to have them picked up immediately, at the discretion of the sponsors or camp representatives.
- I give permission for my child to have their picture included in videotapes, broadcast media, print media, and for their name, picture, and verbal or written quotations to be used in Camp Harvest publicity and promotional materials.
- My child will be attending: \_\_\_\_\_

**Please print the dates your child will be attending camp**

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work/cell phone: \_\_\_\_\_

In case of emergency, please contact:

- Parent or guardian \_\_\_\_\_
- Doctor \_\_\_\_\_
- Friend or relative \_\_\_\_\_

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

List of known food/drug allergies: \_\_\_\_\_

- Allergic to bee/wasp stings Y/N \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

- How often? \_\_\_\_\_

Swimming: non-swimmer \_\_\_\_\_ Fair swimmer \_\_\_\_\_ Good swimmer \_\_\_\_\_

Family Medical Insurance Company \_\_\_\_\_

- Policy Number or Group Number \_\_\_\_\_

I hereby agree to and understand all information listed on this form.

\_\_\_\_\_  
Signature of Parent or Guardian

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