

SWEET PEA SUMMER CAMP 2026

REGISTRATION FORM & **SUMMER CONTRACT**

AGES 6-12 CAMP TUITION IS \$250 PER/CAMP

~Let the Adventures Begin ~

CHILD'S NAME: PARENT'S

NAME:

PHONE NUMBER:

PLEASE CIRCLE THE CAMP/S YOUR CHILD WILL ATTEND:

JUNE 22ND-26TH FUNGUS AMONG US

JULY 13TH-17TH 1862- HOMESTEAD WEEK

JULY 27TH-31ST AROUND THE WORLD IN 40 HOURS

AUGUST 10TH-14TH WILDERNESS SURVIVAL

AUGUST 17TH-21ST WATER WORLD

PARENTS, PLEASE FILL OUT:

TOTAL AMOUNT DUE _____

ONCE WE HAVE RECEIVED YOUR PAYMENT THERE IS NO REFUND.

WE DO NOT OFFER MAKE-UP DAYS FOR SUMMER CAMP

Sweet Pea Summer Camp

Liability Release Form

CHILD'S NAME _____

DATE OF BIRTH _____

EMAIL _____

ADDRESS _____

PHONE NUMBER _____

(Some activities may involve an element of risk. Such activities are closely monitored, and the risk is actively managed. We feel the rewards from these activities greatly outweigh the risk involved.)

In consideration of allowing the previously declared participant(s) to begin participation in Sweet Pea Summer Camp at the Laster's residence while on the premises and property of said Summer Camp, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless The Laster's of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Sweet Pea Summer Camp is conducted, or any premises under the control and supervision of said teacher, or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Sweet Pea Summer Camp. Please advised that animals could be a part of this program, domestic or wild. All activities are closely monitored.

Parent/Guardian Signature

_____ **Date** _____

Minor Medical Treatment Authorization Form

Child

Last Name: _____ First Name: _____ Gender ____ Allergies _____

Date of Birth: _____

Treatment that the child is currently receiving:

Start Date:

Treatment that the child has previously received:

Start Date:

End Date:

Other medical information:

Clinic Address:

Phone Number: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby swear that I have legal custody of the minor child.

I grant my authorization and consent for Sweet Pea Teacher or Supervising Adult to:

☐ Administer general first aid, including approved medication, CPR and Epi-Pen.

☐ Seek medical attention for the child, including contacting medical personnel and transporting child

Parent #1:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Home Phone Number: _____ Work Phone: _____

Parent #2:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Home Phone Number: _____ Work Phone: _____

Emergency Contact:

Name: _____

Address: _____

Home Phone Number: _____ Work Phone: _____

to the necessary clinic or hospital.

☐ Issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and Administered by any licensed physician, surgeon, dentist, or medical personnel.

This authorization is given, prior to any immediate or pressing medical need, in order to provide the power of decision and the authority to act on the prudence and judgment of the Supervising Adult, With the provided input of authorized medical personnel.

Signed this _____ day of _____ 20_____

Parent #1's Signature

Parent #2's Signature

I give my child permission to participate on the Sweet Pea Zip line.

Date:_____