

Tumble Tails Farm AAI Center

Barnyard Buddies Program

Registration Form

Visit Date(s): _____

Location/Farm: Tumble Tails Farm 1925 Tumblebrook Rd Coopersburg Pa 18036

Participant Information

Child's Full Name: _____

Date of Birth: _____ Age: _____ Grade (if applicable): _____

Allergies (food, environmental, animal):

Medical Conditions or Special Needs:

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Home Address:

Additional Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

Permission & Acknowledgment

Farm Visit Activities

I understand that my child will participate in supervised farm activities which may include walking on uneven terrain, interacting with animals, and outdoor educational experiences.

Yes, I give permission for my child to participate. _____ initial

Medical Authorization

In the event of an emergency, I authorize program staff to obtain medical treatment for my child if I cannot be reached.

Yes, I authorize emergency medical care. _____ initial

Photo/Media Release

Yes, I permit photographs/videos of my child to be used for promotional purposes. _____ initial

No, I do not permit.

Parent/Guardian Signature

Signature: _____

Printed Name: _____

Date: _____