



Dear Parents/Guardians and Physicians:

In order for Twin Spring Farm Day Camp to provide alternative programming during the camp day we are asking that you check the physical activities listed below which your camper **MAY NOT** participate. Upon receipt of this form, we will make the necessary adjustments for an enjoyable and safe environment.

Camper's Name: _____

Activities For All Age Groups

- ☐ Baseball/Softball/T-Ball
- ☐ Basketball
- ☐ Bikes
- ☐ Dance/Rhythmic Movement
- ☐ Dodge ball/GaGa
- ☐ Floor gymnastics and Equipment
- ☐ General Physical Activities (running,jumping,etc.)
- ☐ Legoland
- ☐ Low Organized Games (tag,etc.)
- ☐ Miniature Golf
- ☐ Moon Bounce
- ☐ Newcome/Volleyball
- ☐ Play Ground Equipment Play
- ☐ Sand Volleyball
- ☐ Soccer
- ☐ Swimming
- ☐ Tennis
- ☐ Tether Ball
- ☐ Water Maze Tag
- ☐ Water Park and Flume Slides

Activities For Age Groups 5 And Up

- ☐ Archery
- ☐ Bowling
- ☐ Field Hockey
- ☐ Football
- ☐ Ice Skating
- ☐ Lacrosse
- ☐ Rock Climbing
- ☐ Sky Trail Rope Course (age 5 and up)
- ☐ Street Hockey
- ☐ Wrestling

☐ NO RESTRICTIONS

By checking this box you give permission for the camper named above to participate unrestricted in all activities that may be offered during any part of the camp day.

Parents/Guardians _____

Date _____

Physician _____

Date _____

DAY CAMP AND SCHOOL

Founded in 1945 • State Licensed, Accredited and Registered

Activity Participation Checklist

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