

# SUMMER CAMP REGISTRATION FORM

Print out this form to fax or mail to reserve a spot in the Summer Camp program

Name of Camper 1 \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Name of Camper 2 \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Riding Level (please circle one) none beginner/intermediate intermediate/advanced advanced

Which session(s) would you like to attend? (list preferences - 1st, 2nd, 3rd choice)

June 22-26 \_\_\_\_\_ July 6-10 \_\_\_\_\_ July 13-17 \_\_\_\_\_ July 20-24 \_\_\_\_\_

July 27-31 \_\_\_\_\_ Aug. 3-7 \_\_\_\_\_ Aug. 10-14 \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact (if unable to contact parent) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does Liberty Farm have permission to authorize medical procedures in the event of an emergency? \_\_\_\_\_

Any Exceptions? \_\_\_\_\_

Primary Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies \_\_\_\_\_

Any illness/medical conditions we should know about (past or present)? (i.e. diabetes, asthma, etc.) \_\_\_\_\_

Does camper carry or administer any medications to treat him/herself? (i.e. inhaler, insulin, etc.) \_\_\_\_\_

## Checklist

- Registration Form \_\_\_\_\_
- \$75 non-refundable deposit \_\_\_\_\_
- To pay by credit card, please call us with your card # at 614-279-0346.
- Please initial here to indicate that you are giving permission to use photographs of your child for promotional materials \_\_\_\_\_

Return Forms & Deposit to:  
Liberty Farm, Inc.  
2620 Fisher Road  
Columbus, OH 43204

## For Office Use Only

Date Received \_\_\_\_\_ Confirmation Sent \_\_\_\_\_ Session Placed \_\_\_\_\_