

SUMMER CAMP 2011 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 20-24 _____ June 27-July 1 _____ July 11-15 _____ July 18-22 _____

July 25-29 _____ Aug. 1-5 _____ Aug. 8-12 _____

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 print from our website and complete a Liability Release form then enclose it with your registration

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 _____ Liability Rec'd _____