

WILLOW WAY FARM

2018 Horse Summer Camp Registration Form

Camper & Parent's Information

Child's First Name _____ Last Name _____

Entering Grade (summer 2018) _____ Age _____ M / F

Birth Date: YYYY/MM/DD _____

Child's Horse Experience: N/A Pony Ride Trail Ride Lessons

Child's T-shirt Size: S / M / L

Parent's First Name _____ Last Name _____

Parent's First Name _____ Last Name _____

Day time contact No. _____ Cell Phone No. _____

Address: _____
Street City State

Email address: _____

Camp Session

Please select the camp session you wish to attend:

- | | |
|--|--|
| <input type="checkbox"/> Session #1 June 4-8 | <input type="checkbox"/> Session #5 July 9-13 |
| <input type="checkbox"/> Session #2 June 11-15 | <input type="checkbox"/> Session #6 July 16-18** |
| <input type="checkbox"/> Session #3 June 18-20** | <input type="checkbox"/> Session #7 July 23-27 |
| <input type="checkbox"/> Session #4 June 25-29 | <input type="checkbox"/> Session #8 July 30- Aug 3 |
| Full week camp- \$350 | <input type="checkbox"/> Session #9 Aug 6-10 |

** partial week camp- \$225

Will you be using after child care? Never Some Day All Session (\$10 per hour)

Which days/times?

Do you give permission for anyone else to pick-up your child? (Please give us details)

Emergency contact (Please list 2 people)

First: Name/ Relationship/ number

Second: Name/ Relationship/ number

Child's Health Information

Does the child have any Allergies? N/A YES

(If yes, please fill in Medical Information From & Food Allergy and anaphylaxis Emergency Care Plan)

Is your child currently taking medication? N/A YES (If yes, please give us details.)

Parent signature: _____ Date: _____

Office use only:

- Registration form _____
- Payment of \$ _____ made on _____
- Confirmation email sent _____
- Liability Signed _____
- Aftercare set up _____