



CAMP REGISTRATION FORM

Please fill out form and return with payment

The cost for half day camp is \$225.00 for the week. Full day camp is \$350. A \$100 non-refundable deposit is required to secure a placement in camp. Balance is due 1st day of camp. If for some reason you are unable to attend you will have the option to use your deposit for regular riding lessons. **Registration closes June 1, 2018**

**Make check payable to: Twin Oaks Farm Inc.
4402 Potts Rd.
Louisville, KY 40299**

Name _____

Address _____

City State Zip _____

Phone _____

Email _____

Age _____

Please give me a brief description of your riding experience if not a regular Twin Oaks Student:

Half day camps will be primarily horse activities in the morning. Full day camps will include swimming, horse related movies and various other activities to complete the day

Children's Camp (Ages 6-16)
 Time: 9 a.m. – 12:30 p.m.
 9 a.m. - 4:00 p.m .
 Place a 1, 2 & 3 beside your choice of summer camp dates and circle either H or F for Half day or Full.

____ June 11-15, 2018 H F
 ____ June 25-29, 2018 H F
 ____ July 9-13, 2018 H F

T-Shirt Size _____

Adult S M L XL
 Youth S M L XL

If these camps become full (10 campers) other weeks may come available

WAIVER OF LIABILITY

I do hereby give my permission to participate in the Twin Oaks Farm Inc. Summer Horse Camp. While reasonable precautions are taken to insure to safety of every participant, you are hereby notified that there are certain inherent risks related to horseback riding activities including but not limited to falls, bites, and kicks, which can result in injuries and even the possibility of death that you voluntarily accept if you choose to participate in horseback riding activities. Therefore the undersigned hereby voluntarily releases completely and fully Twin Oaks Farm Inc, Jesse and Debbie Dickey, their agents and representatives from all risks of accident, injury, or damage and releases the same from any claim or demand of any kind. Twin Oaks Farm reserves the right to excuse any participant from the program.. There will be no refunds under any circumstances.

I hereby state the participant is currently covered by adequate medical insurance with _____.

Signature _____

Needs to be signed by parent if registrant is under 18 years of age

Date _____

Emergency Contact _____

Phone _____

Are there any medical conditions that we should be aware of?

