

# Appy Orse Acres

1360 Willow Road - Fredonia, WI 53021

## 2026 Camp Registration Form

**Please print or type:**

Camp Session \_\_\_\_\_ Date of Enrollment \_\_\_\_\_  
Camper's Name \_\_\_\_\_ Parent Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
School Grade Completed \_\_\_\_\_ Parent Occupation \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
Insurance Company for Camper \_\_\_\_\_ Policy Number \_\_\_\_\_  
Riding Experience and Education  Beginner  Intermediate  Advanced

**Health and Safety**

Allergies (medication, food, airborne, oils, etc) \_\_\_\_\_

I hereby certify that my child is free of skin diseases and communicable diseases. I understand that this statement is declared for the health and safety of all campers.

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby consent to the attendance and full participation of my child of all the activities at Appy Orse Acres Summer Horsemanship Camp and so hereby release and fully discharge Appy Orse Acres, its owners and employees, A. Bernadette Ruckdashel and all other parties from any and all liabilities for injuries and damages to persons and property by campers and staff while in attendance at Appy Orse Acres Summer Horsemanship Camp. I hereby give permission for x-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in charge.

Signed by Parent/or/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Mail this form and your full payment of \$600 (one session of Residential Camp) or \$400 (one session of Day Camp).**

*A non-refundable deposit of \$200 will reserve a spot for your child*

*Full payment due one month before camp session begins*

**Form of Payment**  Check made payable to Appy Orse Acres  Cash  Credit Card (fill information below)

Amount \_\_\_\_\_ Card Number

Security Code  Expiration Date \_\_\_\_\_ Name as it appears on the card \_\_\_\_\_

*If the credit card billing address is different from above, please write the full billing address on the back of this form*

**Girls Residential Camp Dates**

One week sessions Sunday evening - Friday evening  
(Day Campers Accepted)

**June 14-19th - FULL**

**July 19-24th -FULL**

**August 9-14th**

**Girls Day Camp Date**

One week session Monday-Friday 9am-3:30pm

**July 14-18 - FULL**

**Please contact Bernadette at 262-692-9144 if you have any further questions. Thank you!**