

Three Crowns Farm
3497 N. Cleveland Rd., Lexington, KY 40516 (859) 806-1000

CAMP REGISTRATION FORM

Please check the boxes below that apply.

Camper's Name: _____ Age: _____
Camper #2: _____ Age: _____
Camper #3: _____ Age: _____
Parent/Guardian: _____ Cell#: _____
email: _____
Address: _____ Zip _____

Please circle all camp weeks below that apply. All camps are 4 day camps for ages

Camp Price \$395 (m-th) add Friday for \$90

May 26-29 June 1-4 June 8-11 June 15-18 June 22-25 July 6-9 July 13-16
July 27-30 Aug 3-6

_____ Yes! I would like to add the Friday option to my M-Th camp. (\$90 per camper per Friday)

_____ Yes! I would like Extended Day 3p.m.-4p.m. \$12 per day / per camper

_____ Yes! I would like Early Drop Off for my camper (\$12 per day) Early drop off is anytime between 8:30 and 8:45a.m. Earlier drop can be arranged for an additional fee.

(Campers arriving earlier than their designated drop off time will be charged the early drop off fee.)

receive an email about one week before your camp date with a designated time for drop off, along with information on what to wear and bring to camp.

_____ Yes! Add a farm t-shirt for \$10 ea.

List shirt size(s) here: _____

_____ Paying in Full at this time via check (check enclosed)

Total includes any Extended Day, Early Drop fees, or Additional Friday(s), plus \$10 t-shirt \$ _____

_____ Paying deposit only at this time. (\$100 deposit per camper/per camp - check enclosed)

Please mail this Registration Form along with the [Waiver of Liability Form](#) to the address above. We look forward to seeing you at camp!

**Three Crowns Farm
3497 N.Cleveland Rd., Lexington, KY 40516**

Waiver of Liability and Medical Care Release for Riding and Farm Activities

Participants Name: _____ **Date of Birth:** ____/____/____
Address: _____ **Email:** _____
_____ **Phone#:** _____

In Case of Emergency (if parent/guardian cannot be reached):

Name _____ **Phone#** _____
Name _____ **Phone#** _____

Medical Care Release

If emergency or medical care is needed for the above named child and emergency contact(s) above cannot be reached, I authorize appropriate medical or emergency medical care as deemed necessary by emergency medical personnel or facility providing the treatment.

X _____
Signature (If under 18 parent/guardian) _____ Date _____

Release of Liability-KRS 247.4027 and any additional release of liability.

I do hereby acknowledge that being in a farm environment, riding or handling a horse, being on the premises where horses are present, handling other farm animals, playing on playground equipment and all other farm related and camp related activities along with being instructed during a riding lesson, using and handling farm tools and machinery may, through no fault of my own, or no fault to any owners, instructors, or other employees or volunteers of Three Crowns Farm give rise to injury to me, my camper or guests. I understand the inherent risks of farm animal activities and engaging in farm activity as explained in KRS 247.401 to KRS 247.4029. I hereby waive any and all claims of liability and damages therefrom to which I may be entitled resulting from any action by any horse, or instructor, tool, machinery, other animal, Act of God or Mother Nature, employee, owner or affiliate while on the premises of Three Crowns Farm, Lexington, KY. I agree to hold harmless from ANY claim for any reason, resulting in damage, injury or death, to themselves, his/her guests, invitees, helpers, and personal property. It is the responsibility of undersigned person to provide Insurance or monies necessary to cover any risk he/she might incur. Undersigned agrees to indemnify and hold harmless against all losses, damages, costs and expenses, including attorney fees, all owners and affiliates of 3497 N. Cleveland Rd. Lexington, KY,

X _____
Signature of Parent of Guardian _____ Date _____

The above signed is allowing their child to participate in a 'Camp Counselor in Training' program in lieu of paying for camp. The above signed, fully understands the risks and responsibilities of their child's participation.

Print Parent Name: _____ Cell: _____
Email: _____
Address: _____
