

# Three Crowns Farm

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

## CAMP REGISTRATION FORM

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 4-13

May 27-May 30 (m-th)

June 16-19 (m-th)

July 14- July 17(m-th)

June 2—June 5 (m-th)

June 23-26 (m-th)

July 21-24

June 9-12 (m-th)

July 7-10(m-th)

July 28-Aug 1

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

Aug 4-7 (8)

Please check the boxes below that apply.

- 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. \$10 per day / per camper
- Yes! I would like Early Drop Off for my camper (\$10 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.*) You will 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 tie dye day \$10 ea. List shirt size(s) here: \_\_\_\_\_

Payment: Deposit or Pay in Full – Please check boxes below

- Paying in Full at this time via check  
Total includes any Extended Day, Early Drop fees, or Additional Friday(s) \$ \_\_\_\_\_
- Paying deposit only at this time. (\$100 deposit per camper/per camp)

Don't forget to add a t-shirt for \$10. We use these for our tie dye day. Size(s) \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

