

# Camper Registration

## Step #1 Camper and Family information

Camper's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_

City, County, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade in August, 2012: \_\_\_\_\_

How did you find out about Horse Feathers TLC? \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Parent #1 Employer: \_\_\_\_\_ Parent #2 Employer: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child resides with: Parent #1 and Parent #2 \_\_\_ Parent #1 \_\_\_ Parent #2 \_\_\_ Other \_\_\_ (please explain below)

(All camp correspondence will be addressed to Parent #1)

Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ County, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_ Employer:

\_\_\_\_\_ Work: \_\_\_\_\_

## Step #2 Emergency Contacts

(Please list two people who can be contacted in case of emergency, in the event we cannot reach parents.)

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_



<u>Session 4</u> June 25 <sup>th</sup> -29 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Session 5</u> July 2 <sup>nd</sup> -6 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Session 6</u> July 9 <sup>th</sup> -13 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Session 7</u> July 16 <sup>th</sup> -20 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Session 8</u> July 23 <sup>rd</sup> - 27 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Session 9</u> July 30 <sup>th</sup> - Aug 3 <sup>rd</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cost for a full week is \$175.00

All prices include lunch and afternoon snack.

Cost per day \$40.00

Multiple sessions and sibling discounts available.

Extended Care is an additional \$10.00 per Day.

\$50 non-refundable deposit due with each camper application.

## Step #4 Pick-Up Information

The following persons (other than parents) may pick up my children. Proper identification will be required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Step #5      Terms and Conditions

A \$50.00 non-refundable deposit is required for each camper registration. Each camper must be paid in full before they can participate in camp session. No camper can attend until a completed and current Health History form is submitted and approved by camp office. Camp is on a first come, first serve bases. No refunds are made to campers dismissed for inappropriate behavior, determined at the sole discretion of Horse Feathers Director. Horse Feather TLC retains the right to dismiss any camper if it is deemed to be in the best interest of the camp and/or the camper. Cancellations made within two weeks of the session will be charged 50% of total camp fee.

I hereby give permission for my child(ren) to be photographed or videotaped by Horse Feathers TLC and for the resulting images portraying my child individually or as a group participating in camp activities, to be used on various camp brochures, posters, reports, websites or as a part of a slide or video presentation to promote participation and interest in camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please detach this Registration form, provide deposit payment, and mail to:  
Please use separate form for each camper. Additional forms may be photocopied  
or found online at [www.hftlc.org](http://www.hftlc.org)

Horse Feathers TLC,  
9214 State Road 62  
Dillsboro, IN 47018

