

**Statement of Consent & Liability Release Form  
Summer Day Camp 2013**

I, the undersigned, give my permission for (print camper's name)

\_\_\_\_\_ to participate in FENCE Summer Day Camp. It is my understanding that the camp listed will include activities such as hiking, wading, creek stomping, field and wildlife observations, as well as inadvertent exposure to potentially harmful animals and/or plants (such as bees, wasps, and poison ivy). In consideration of FENCE's acceptance of this child's registration, I assume any risk connected with this child's participation in such activities related to personal or bodily injury, and agree to hold harmless the Foothills Equestrian Nature Center, Inc., its officials, directors, employees, volunteers, and agents for damage arising from any injury to this child. I authorize FENCE Summer Day Camp staff to arrange for transportation and/or necessary emergency treatment for this child should the need arise and I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_

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

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

**Press Release Form**

As a parent of \_\_\_\_\_, I hereby consent that any photographs, videotapes, recordings, etc., in which my child appears may be used by Foothills Equestrian Nature Center, its assigns or successors, in whatever way they desire, and that these photographs, records, etc., shall become the property of Foothills Equestrian Nature Center, which they may use free and clear of any claims on my part.

Parent/Guardian Signature: \_\_\_\_\_

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



**2013  
FENCE  
Summer**



**These camps are made possible by  
the Kirby Endowment at Polk  
County Community Foundation.**

# Application Form

(One child per form)

1. Which camp(s) will the child attend?

- Week 1: Jun 10-14 Beginner Horse Camp (ages 8-12) \$150.00 (8:30-12:30)
- Week 2: Jun 17-21 Intermediate Horse Camp (ages 8-12) \$150.00 (8:30-12:30)
- Week 3: Jul 8-12 All Day Camp (ages 5-12) \$150.00 (8:00-5:00)
- Week 4: Jul 15-19 Nature/Astronomy (ages 5-12) \$100.00 (8:30-12:30)
- Week 5: Jul 22-26 Environmental Camp (ages 5-12) \$150.00 (8-5pm)
- Week 6: Jul 29-Aug 2 Art Camp (ages 5-12) \$100.00 (8:30-12:30)

2. Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

3. Name of Parent of Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(what to bring list, weekly schedule, snacks, and campfire information will be sent to email, if applicable)*

4. Will the camper's address be different during camp week than that given above?

If so, please indicate how we can contact the child during his/her camp.

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name of responsible party at this address: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

5. Whom may we contact in the event of an emergency?

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

Phone: \_\_\_\_\_

6. Has the camper attended a FENCE Day Camp before?

Yes  No

7. Please indicate below if the camper has any allergies, medical conditions, nutritional conditions, or needs we should know about.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Payment: \_\_\_\_\_ weeks x \_\_\_\_\_ (\$100.00 or \$150.00) = \$ \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Credit Card Type:  American Express  Visa  Master Card  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V Code (3 digits on back): \_\_\_\_\_

I authorize FENCE to bill the above credit card for \$ \_\_\_\_\_

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

## PLEASE SIGN THE BACK OF APPLICATION FORM

Mail this form with your payment to:

Foothills Equestrian Nature Center  
3381 Hunting Country Rd.  
Tryon, NC 28782