

## Application Form

(One child per form)

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

Week 1: June 13-17 Horse Camp (ages 8-12) \$175.00 (8:30-12:30)

Week 2: June 20-24 Intermediate Horse (ages 8-12) \$175.00 (8:30-12:30)

Week 3: June 27- July 1 All Day Camp (ages 5-12) - \$150.00 (8am-5pm)

Week 4: July 11-15 Art Camp (ages 5-12) \$100.00 (8:30-12:30)

Week 5: July 18-22 Environmental Camp (ages 5-12) \$150.00 (8-5pm)

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

Age: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ **T-Shirt size** \_\_\_\_\_

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

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

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

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

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

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

4. Will the camper's address be different during camp week(s) than that given above? If so, please indicate how we can contact the child during his/her camp(s).

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 Summer Day Camp before?

Yes ☐

No ☐

If yes, in which years? 2012 2013 2014 2015

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

8. Payment: \_\_\_\_ wks x (\$100, \$150, \$175) \$ \_\_\_\_\_

Please circle following

Check Credit card (American Express, Visa, Master Card, Discover)

Credit card number \_\_\_\_\_

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

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

Name as it appears on the card \_\_\_\_\_

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  
FENCE Summer Day Camps  
3381 Hunting Country Rd.  
Tryon, NC 28782  
828-859-9021

Statement of Consent & Liability Release Form  
Summer Day Camp 2016

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

To participate in FENCE Summer Day Camp. It is my understanding that the camps 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, which they may use free and clear of any claims on my part.

Parent/Guardian

Signature\_\_\_\_\_

Date\_\_\_\_\_



# 2016 FENCE Day Camp Schedule



These camps have been made possible by:  
Kirby Endowment at Polk County Community Foundation