

# Application Form

(One child per form)

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

Week 1: June 22-26 Horse Camp (ages 8-12) \$150.00  
Week 2: June 29-July 3 Intermediate Horse Camp (ages 8-12) \$150.00  
Week 3: July 6-10 Nature Camp (ages 5-12) \$100.00  
Week 4: July 20-24 All Day Camp (ages 5-12) Session 1- \$150.00  
Week 5: July 27-31 Earth, Sun, Moon, & Stars Camp (ages 5-12) \$100.00  
Week 6: Aug 3-7 Art (ages 5-12) \$100.00  
Week 7: Aug 10-14 All Day Camp (ages 5-12) Session 2 - \$150.00

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, 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? 2004 2005 2006 2007 2008

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

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

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 2009

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 stumping, 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 \_\_\_\_\_



The Community Foundation  
of Western North Carolina

**Photo Release Form**

I, \_\_\_\_\_, hereby agree to have my photograph taken for use by The Community Foundation of Western North Carolina, a nonprofit organization. I understand that these photos may be used for general public relations purposes, including printed materials (annual reports, newsletters, posters, etc.), the Foundation's website and media materials (advertisements, announcements, articles).

Name (please print): \_\_\_\_\_

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

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

Parent/Guardian Signature (if applicable): \_\_\_\_\_

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

If you have any questions about this release, please contact The Community Foundation of Western North Carolina's communications office at (828) 254-4960.