

Application Form

(One child per form)

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

- Week of June 3-7** Horse Camp (ages 5-12) \$225.00 (8:30-12:30)
- Week of June 10-14** Horse Camp (ages 5-12) \$225.00 (8:30-12:30)
- Week of June 17-21** All Day Camp (ages 5-12) \$225.00 (8-5pm)
- Week of June 24-28** All Day Camp (ages 5-12) \$225.00 (8-5pm)
- Week of July 8-12** Nature/Art Camp (ages 5-12) \$150.00 (8:30-12:30pm)
- Week of July 15-19** Environmental Camp (ages 5-12) \$225.00 (8-5pm)

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, family night information will be sent 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? 2020 2021 2022 2023

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

8. Payment: ___ wks x (\$150, \$225) \$ _____

Please circle following:

Check Cash Credit card

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 2024**

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 _____



**2024
FENCE
Day
Camp
Schedule**



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