



Summer Day Camp Registration Form

Camper Information

- Camper Full Name: _____
- Preferred Name/Nickname: _____
- Date of Birth: _____ Age: _____
- Gender (optional): _____

Parent / Guardian Information

Primary Parent/Guardian

- Full Name: _____
- Relationship to Camper: _____
- Phone Number: _____
- Email Address: _____
- Address: _____
City: _____ State: _____ Zip: _____

Secondary Parent/Guardian (if applicable)

- Full Name: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact (Other than Parent/Guardian)

- Name: _____
- Relationship: _____
- Phone Number: _____

Authorized Pick-Up Persons

(List individuals authorized to pick up the camper. Photo ID may be required.)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Camp Session Information

Please check all sessions your camper will attend:

- ☐ **Week of June 1–5** – Horse Camp (ages 5–12)
\$225.00 | 9:00am–1:00pm
- ☐ **Week of June 8–12** – Horse Camp (ages 5–12)
\$225.00 | 9:00am–1:00pm
- ☐ **Week of June 15–19** – All Day Camp (ages 5–12)
\$225.00 | 9:00am–5:00pm
- ☐ **Week of June 22–26** – Half Day Camp (ages 5–12)
\$150.00 | 9:00am–1:00pm
- ☐ **Week of July 6–10** – Nature / Art Camp (ages 5–12)
\$150.00 | 9:00am–1:00pm
- ☐ **Week of July 13–17** – Environmental Camp (ages 5–12)
\$225.00 | 9:00am–5:00pm
- ☐ **Week of July 20–24** – Half Day Camp (ages 5–12)
\$150.00 | 9:00am–1:00pm

Payments can be made via check, cash or credit card*

*To help offset processing costs, a 3% fee applies to all credit card payments. Payments made by cash or check do not incur this fee. Thank you for your support.

Card Number: _____ Exp. Date: _____ CVC: _____

Medical Information

Allergies (food, environmental, medication):

Medical Conditions or Special Needs:

Medications Camper Will Bring to Camp:

Dietary Restrictions

- ☐ None
- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-Free
- ☐ Other: _____

Behavior Agreement

I understand that campers are expected to follow camp rules and respect staff, other campers, and property. Repeated behavioral issues may result in dismissal from camp without refund.

Statement of Consent & Liability Release Form

Summer Day Camp 2026

I, the undersigned, give my permission for:

Camper Name (print): _____

to participate in FENCE Summer Day Camp. It is my understanding that the camps listed may include activities such as hiking, wading, creek stomping, field and wildlife observations, as well as inadvertent exposure to potentially harmful animals and/or plants (including, but not limited to, 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 camp 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 from any claims or damages arising from injury to this child.

I authorize FENCE Summer Day Camp staff to arrange for transportation and/or necessary emergency medical treatment for this child should the need arise and I cannot be reached.

- Parent/Guardian Signature: _____
- Printed Name: _____
- Date: _____

Press & Media Release Form

As the parent/guardian of:

Camper Name (print): _____

I hereby consent that any photographs, videotapes, recordings, or other media in which my child appears may be used by the Foothills Equestrian Nature Center, Inc., its assigns or successors, for promotional, educational, or informational purposes. These materials shall become the property of Foothills Equestrian Nature Center, Inc., and may be used without compensation or further approval.

- Parent/Guardian Signature: _____
- Date: _____

Please return this completed form by **May 15, 2026**