

## Application Form

(One child per form)

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

☒ **Week of June 16-20** All Day Camp (ages 5-12) \$225.00 (8-5pm)

☐ **Week of June 23-27** Half Day Camp (ages 5-12) \$150.00 (8:30-12:30pm)

☐ **Week of July 7-11** Nature/Art Camp (ages 5-12) \$150.00 (8:30-12:30pm)

☐ **Week of July 14-18** Environmental Camp (ages 5-12) \$225.00 (8-5pm)

☐ **Week of July 21-25** Half Day Camp (ages 5-12) \$150.00 (8:30-12:30pm)

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? 2021 2022 2023 2024

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 2025**

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



**2025  
FENCE  
Day  
Camp  
Schedule**



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