



CAMP REGISTRATION FORM

Please fill out form and return with payment

All students must pre-register & pay a \$50 nonrefundable deposit in order to reserve a space. Total cost is \$150 per week per participant. Balance is due 1st day of camp.

Make check payable to: Twin Oaks Farm Inc.
4402 Potts Rd.
Louisville, KY 40299

Name _____

Address _____

City State Zip _____

Phone _____

Email _____

Age _____

Please give me a brief description of your riding experience:

Children's Camp (Ages 6-16)

Time: 9 a.m. – 12:30 p.m.

Place a 1, 2 & 3 beside your top 3 summer camp date choices:

____ June 14-18, 2010

____ June 28 - July 2, 2010

____ July 12-16, 2010

____ July 26-30, 2010

If these camps fill up, others may be added.

Adult Camps (Ages 16+)

Time: 6 – 9:30 p.m. Select one:

TBD

T-Shirt Size _____

WAIVER OF LIABILITY

I do hereby give my permission to participate in the Twin Oaks Farm Inc. Summer Horse Camp. While reasonable precautions are taken to insure to safety of every participant, you are hereby notified that there are certain inherent risks related to horseback riding activities including but not limited to falls, bites, and kicks, which can result in injuries and even the possibility of death that you voluntarily accept if you choose to participate in horseback riding activities. Therefore the undersigned hereby voluntarily releases completely and fully Twin Oaks Farm Inc, Jesse and Debbie Dickey, their agents and representatives from all risks of accident, injury, or damage and releases the same from any claim or demand of any kind. Twin Oaks Farm reserves the right to excuse any participant from the program.. There will be no refunds under any circumstances.

I hereby state the participant is currently covered by adequate medical insurance with _____.

Signature _____

Needs to be signed by parent if registrant is under 18 years of age

Date _____

Emergency Contact _____

Phone _____

Are there any medical conditions that we should be aware of?

