



## Love Creek Farm 2026 Summer Camp Registration Form

CAMPER'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EMAIL(s) : \_\_\_\_\_

Circle Level of Horseback Riding Experience:

No Lesson Experience   Trail Riding   Lessons: W/T   W/T/C   Crossrails

Any special Learning Styles or Physical Restrictions?

Please note the week(s) you wish to enroll in:

Week 1: June 22nd-June 26th

Week 2: July 6th-July 10th

Week 3: July 20th-July 24th

Week 4: August 3rd-August 7th

All camp spaces are filled on a first come first served basis. A non-refundable deposit of \$250.00 is required for each Camp session. Please complete the above registration form and wait for confirmation of availability before sending the deposit. Full payment is due the first day of camp. Parents will be required to fill out a release form upon arrival. Early Drop off and Late Pick up fees will apply. \$50 Late Fee for Forms sent within 48 hours from the start of camp.

**MEDICAL CARE INSTRUCTIONS** In the event of a medical emergency, Love Creek Farm LLC. and its staff has my permission to seek medical care for:

Please list any allergies to medicine or insect bites or food: \_\_\_\_\_

As needed, Love Creek may give me, or my child the following: (Please circle)

Benadryl (oral, for insect bites) • Children's Tylenol Children's Advil • Sunscreen Topical Sting Medication

In the event of a medical emergency that requires ambulatory transportation, I request that I (the rider) be taken to:

Hospital/Medical Facility \_\_\_\_\_

Primary Physician \_\_\_\_\_ # \_\_\_\_\_

Please sign below to confirm that you have read and agreed to our camp policies

\_\_\_\_\_ Date \_\_\_\_\_