

**Wild Ones Youth Ranch Summer Horse Camp
Registration Form 2009**

Camper's name: _____

Male /Female (circle one) DOB: _____

Camper's address: _____

Parent/Guardian's name: _____

Parent/Guardian's address (if different than child):

Phone (Day) _____ (Evening) _____ (Cell) _____

Email: _____

Please check session(s) you would like to sign up for below:

Day Camp: Beginners' Camp ____ July 18 Open Camp ____ July 27 Open Camp ____ Aug. 8

2-Day Camp: Beginners' Camp ____ July 17-18 Open Camp ____ Aug. 7-8

3-Day Camp: Intermediate Camp ____ July 8-10 Open Camp ____ July 22-24

Day Camp: \$35 (Deposit: \$15*)

2-Day Camp: \$50 (Deposit: \$25*)

3-Day Camp: \$95 (Deposit: \$45*)

*The deposit is due when paperwork is sent in to hold your child's spot and is deducted from your total camp price. The balance of fees can be paid at registration.

Total Cost: _____ Total Paid: _____ Balance Due: _____

PLEASE COMPLETE PAGE TWO (Emergency Contact Info)

Please return complete registration form and emergency contact info, hold harmless agreement and deposit for **each** camper to: Cassie Wicks, 755 Kalmia Street, Junction City, OR 97448.

Please make checks payable to **Cassie Wicks**

If you have questions about registration, please call Cassie at 541-998-3548 or email:
cassiewicks@wildonesyouthranch.com

Emergency Contact Info

Camper Name: _____ Age: _____

Parent/Guardian/Sponsor: _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Additional emergency contact: _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Relationship to camper: _____

Medical info

Please list any medications the camper is currently taking:

Please list instructions for administering these medications:

Please list any food or other allergies:

Please note any physical/mental/emotional conditions requiring special consideration:

Family Doctor: _____ Phone: _____

I will allow Kittyhawk Kigers staff to administer Tylenol to my child in case of a headache or other mild complaint. _____ (initial here)

I give Kittyhawk Kigers permission to seek medical treatment, if necessary for my child.

Parent/Guardian/Sponsor signature

Date: _____

PHOTO RELEASE (please check one)

I release all rights to photos taken of my child for future use by Kittyhawk Kigers and/or Wild Ones Youth Ranch, its staff and/or board members in ranch publications, web sites, videos, or other printed or digital media. _____ (initial here)

OR

*I request that photos of my child **not be used** in any publication of Kittyhawk Kigers and/or Wild Ones Youth Ranch, its staff and/or board members, etc. _____ (initial here)*

"Some trust in chariots, and some in horses: but we will remember the name of the LORD our God." (Psalm 20:7)