

# Wild Ones Youth Ranch Summer Horse Camp Registration Form 2011

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 circle the session(s) you would like to sign up for below:

<b>Day Camp</b>	<i>July 8</i>	<i>July 11</i>	<i>July 13</i>	<i>July 15</i>	<i>July 18</i>	<i>July 20</i>
	<i>July 25</i>	<i>July 29</i>	<i>August 1</i>			
<b>2-day Camp</b>	<i>July 22-23</i>	<i>August 5-6</i>				
<b>3-day Camp</b>	<i>June 16-18*</i>	<i>June 23-25*</i>				

\*Advanced camp, by invitation only

PLEASE NOTE: Buckaroo and Mom's Camp participants do not need to fill out a registration form.

Day Camp: Suggested donation of \$45 (Deposit: \$20\*)  
 2-Day Camp: Suggested donation of \$65 (Deposit: \$30\*)  
 3-Day Camp: Suggested donation of \$100 (Deposit: \$50\*)

\*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 **WILD ONES YOUTH RANCH**

If you have questions about registration, please contact Cassie at: [cassiewicks@wildonesyouthranch.com](mailto: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 Wild Ones Youth Ranch staff to administer Tylenol to my child in case of a headache or other mild complaint. \_\_\_\_\_ (initial here)*

*I give Wild Ones Youth Ranch 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 Wild Ones Youth Ranch and/or Kittyhawk Kigers, 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 Wild Ones Youth Ranch and/or Kittyhawk Kigers, 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)*