



Last Chance Ranch Summer Camp 2021 Registration

Monday - Friday 9:00 - 3:00 PM

**\$325 for Rescue Camp**

**\$350 for Horse Camp**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Shirts Size (kid's sizes)      S                      M                      L                      XL                      XXL

Child's DOB \_\_\_/\_\_\_/\_\_\_                      Height \_\_\_\_\_                      Weight \_\_\_\_\_

(\*\*this information is used for horse placement during horse camp or horse day during rescue camp\*\*)

**\$350 for Horse Camp**

**\$325 for Rescue Camp**

- Horseback riding camp will include daily riding lessons, horse care and safety, water activities, and crafts.
  - Horse Camp will be split into 2 different age groups: ages 7-10 and ages 11-15
  - Horse Camp will be split into 2 different levels:
    - Beginner: Basic Horse Care, How to Catch and Halter a horse, Introduction to Riding Basics.
    - Intermediate: To be accepted into intermediate week, your child must be proficient at the walk and trot. This means that they can walk/trot around the arena by themselves, steer and stop the horse at both gaits.
    - Please submit a video of your child riding at the walk and trot to [marie@lastchanceranch.org](mailto:marie@lastchanceranch.org). Placement will be up to our Riding Instructor's discretion.
  - Advanced Horse Camp is closed, and is for current lessons students- please speak with Marie before signing up for that week. The age group is 11-15.
  
- Rescue Camp will focus on all types of animals at LCR and promote the idea of rescue, rehabilitation, and rehoming of rescue animals as well as proper vet and animal care (weekly horseback riding included along with water activities and crafts).
  - Rescue Camp will be split into 2 different age groups: JR Rescue (ages 7-10) and Rescue Camp (ages 11-15). Activities will be adjusted for each age group.

Please check all weeks that apply: There are discounts available for multiple weeks or children.

Week #1 June 21st - June 25th (BEGINNER HORSE CAMP, ages 7-10)

Week #2 June 28th - July 2nd (JR RESCUE CAMP, ages 7-10) **FULL**

Week #3 July 5th - 9th (INTERMEDIATE HORSE CAMP, ages 11-15)

Week #4 July 12th - 16th (RESCUE CAMP, ages 11-15)

Week #5 July 19th - July 23rd CLOSED WEEK, INVITATION ONLY (INTERMEDIATE HORSE CAMP, ages 11-15)

Week #6 July 26th - 30th (JR RESCUE CAMP, ages 7-10)

Week #7 August 2nd - 6th (INTERMEDIATE HORSE CAMP, ages 7-10)

Week #8 August 9th - 13th (RESCUE CAMP, ages 11-15) **FULL**

Week #9 August 16th - 20th (BEGINNER HORSE CAMP, ages 11-15)

**\*\*Payment must be received within 2 weeks of registration to hold your spot\*\***

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical History

Does your child have any medical conditions, past or present that we should know of? Y or N

If yes, please explain: \_\_\_\_\_

Is your child allergic to any medications, foods, insects, animals or other allergens? Y or N

If yes, please explain: \_\_\_\_\_

Does your child take any medications, either prescription or over the counter? Y or N

If yes, please list medication, dosage, prescribing doctor, reason for taking, and specific time to be taken each

day: \_\_\_\_\_

\_\_\_\_\_

Does your child have any restrictions? Y or N

If yes, please explain: \_\_\_\_\_

Name of family physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information :**

**Participant must be covered by family medical / hospital insurance**

Please provide a copy of the insurance card, front and back

Carrier or plan name: \_\_\_\_\_

Group #: \_\_\_\_\_

Carrier address: \_\_\_\_\_

Name of insured and relationship to participant: \_\_\_\_\_

**Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by the camp director to call for medical assistance in case of an emergency.**

**Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person described has permission to engage in all camp activities except as noted.**

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_

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THIS PORTION TO BE COMPLETED BY LCR STAFF

\_\_\_\_\_ PAID \_\_\_\_\_ DATE

APPROVAL FOR INTERMEDIATE WEEK      Y                      N

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_