



Last Chance Ranch Summer Camp 2026 Registration
Monday - Friday 9:00 - 3:00 PM

Return Form to: Kyrstie@lastchanceranch.org

Parent Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Child Name: _____

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

Child's DOB ____/____/____ Height _____ Weight _____

****Height/Weight is necessary for horse placement during horse camp/rescue camp****

\$400 for Horse Camp
\$375 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 11-14
 - This camp focuses on horse care, how to catch and halter a horse, riding tailored to student's individual level, no experienced required!
- **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 11-13). Activities will be adjusted for each age group.

Please check all weeks that apply: There are discounts available for multiple weeks or children. Please contact LCR office for discount details.

_____ **Week #1 June 15th - June 19th (JR RESCUE CAMP, ages 7-10)**

_____ **Week #2 June 22nd - June 26th (HORSE CAMP, ages 7-10)**

_____ **Week #3 July 6th - July 10th (RESCUE CAMP, ages 11-13)**

_____ **Week #4 July 13th – July 17th (HORSE CAMP, ages 11-14)**

_____ **Week #5 July 20th – July 24th (JR RESCUE CAMP, ages 7-10)**

_____ **Week #6 July 27th– July 31st (HORSE CAMP, ages 7-10)**

_____ **Week #7 August 3rd– August 7th (JR RESCUE CAMP, ages 7-10)**

****Payment must be received at time 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

****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: _____

THIS PORTION TO BE COMPLETED BY LCR STAFF

_____ PAID _____ DATE

SIGNATURE _____ DATE _____