Last Chance Ranch Summer Camp 2027 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 by April 1st, $425 After April 1st, 2027**
$375 for Rescue Camp by April 1st, $400 After April 1st, 2027**

*****Payment must be received by April 1st to receive early bird discount. Discounts available for multi-week or multi-child.***

- **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 21st- June 25th (HORSE CAMP, ages 11-14)

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

_____Week #3 July 12th - July 16th (HORSE CAMP, ages 7-10)

_____Week #4 July 19th – July 23rd (RESCUE CAMP, ages 11-14)

_____Week #5 July 26th – July 30th (HORSE CAMP, ages 11-14)

_____Week #6 August 2nd– August 6th (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 _____