



Camper Information

Last name _____ First name _____
Street address _____ City _____ State _____ Zip _____
Gender _____ Age _____ DOB _____ Home Phone _____

Parent or Guardian Information

First Contact _____ Second Contact _____
Daytime Phone _____ Daytime Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Emergency Contact (if not one of the above)

Name _____ Phone _____ Relationship to child _____

Do you give KTR Farms permission to use your camper's photo in the camp brochure and other advertisement? _____ yes _____ no

Please register my child for the following sessions:

Session 1 _____ June 8-12 Session 3 _____ July 6-10 *\$100 Deposit is required and*
Session 2 _____ June 22-26 Session 4 _____ July 20-24 *each session is \$375.*

PLEASE NOTE: The Director reserves the right to withdraw any camper whose influence or actions are deemed harmful or who will not abide with rules and policies of the camp. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and the information I have given and released is true and correct.

EMERGENCY CARE: In case of emergency if parent or guardian cannot be reached, I hereby grant permission to KTR Farms or the local Emergency Department to provide urgent medical treatment for my child, including but not limited to sutures and X-rays, if necessary.

Signature of Parent/Guardian _____ Date _____

Please return this application along with \$100 deposit for each session that you have applied. This fee is non refundable. Tuition balance is due on the first day of camp.

How did you hear about KTR Farms Riding Camp?

_____ I am a returning camper _____ Friend _____ Webpage Other _____

Mailing Address:

KTR Farms
50 Old Hwy 41 NW
Adairsville, GA 30103