



To Register Return this Form by Mail with Check
or by Email with Online Payment

Lost Creek Ranch

N6842 570th ST
Beldenville, WI 54003

Feel free to contact Lynette with
any questions or concerns!

Email: lostcreek@wildblue.net
Phone: 715-273-6070

Spring Break Day Camp Registration March 17-21st 9:00-3:00pm

Full Week (circle YES) YES NO **Individual Days (Circle Days):** M T W TH F

Child's Name: _____ D.O.B. _____

Parent's Name: Father/Guardian _____
Mother/Guardian _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers (including area code):

Home: () _____ Work: () _____ Cell: () _____

Emergency Contact in case parents cannot be reached:

Name: _____ Phone: () _____

Relationship to Child: _____

Child's level of riding experience: _____

Is your child allergic to anything? _____

If so, what? _____

Any special needs? _____

Is child on any medication? Yes No

If yes, please give name, dosage and directions for medications: _____

Please give any other information you think would be important for us to know about your child so we can insure they have a comfortable stay and a good experience.

We, the parent(s) / guardian(s) will not hold Lynette Weldon, Lost Creek Ranch, or Horse Camp Staff responsible for any accident that may happen while our child is at Camp. If an accident does occur, we give Lynette Weldon and/or Camp Confidence Staff our approval/permission to take our child to the hospital to receive medical attention until we arrive. THE PARENT OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE. Please send a copy of both sides of your insurance card. If your child is sent home due to an illness and misses 3 or more days of camp, they may enroll in another session at no additional charge, providing there is an opening. There will be no refunds if your child is sent home due to misconduct. Photo release: I grant permission to use images of my child taken at Camp Confidence for promotional purposes.

Parent/Guardian Signature and Date: _____