

Fantasia Farm Summer Camp

2024 Camp Registration Form

Child's First Name _____ Child's Last Name _____ Age _____

Parent/Guardian Name(s) _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Camp is June 10-14

Day Camp only \$525 \$100 Deposit per week to hold your spot!

Office Use Only:

Deposit Received: _____ Total Due: _____

The enclosed registration fee will be applied to the total fees. I agree to pay the balance before camp starts. I understand that all possible precautions are taken to ensure that the programs and activities at camp are conducted in a safe and responsible manner. However, I further understand that due to the nature of some of the activities within the program regardless of high degree of supervision, there is a potential of accidental injury. I do recognize these risks and agree to allow my child to participate in the program. I agree to assume these risks and to release and hold Fantasia Farm and their employees harmless from and waive any claim against the Camp, Fantasia Farm, and any employee associated with Fantasia Farm, as to any injury that may occur to my child/children while attending Fantasia Farm camp. It is also understood that financial responsibility for medical treatment of services is that of the parent/legal guardians. I understand that Fantasia Farm has no refund policy. Only in extreme medical emergency will this be reviewed.

Parent/Legal Guardians signature _____

Date _____

Fantasia Farm 7895 Tates Creek Rd., Lexington, KY, 40515

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