

Fantasia Farm Summer Camp

2017 Camp Registration Form

First name _____ Last name _____ Age _____

Parents name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

E-mail address: _____

June 12-16 _____

June 19-23 _____

July 17-21 _____

Day camp only \$325.00

\$100.00 Deposit

Deposit received: _____

Per week to

Total Due: _____

hold your spot!!!

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

859-272-7751 -- www.fantasiafarmonline.com