



Summer Camp Registration Form 2017

Please mail with your Deposit and Release Form to:
Academy Stables, Inc.
 4277 N 109th Street
 Lafayette, CO 80026

Please visit www.AcademyStables.com for the most current camp schedule, pricing and available discounts

Camp Attendee's Name: _____ Date of Birth: _____

Parent's/Guardian's Name: _____ Phone Number: _____

Email Address: _____

How did you hear about us? _____

One t-shirt is included with your registration. Shirt size (please circle one): **YXS** **YS** **YM** **YL**

We would like all campers to wear their shirt on the last day of camp for pictures.

Additional shirts are available for \$10/ea. Would you like to purchase an additional shirt? **Y** **N**

I would like to sign up my child for the following camp(s):

Camp Level	Week of Camp

Fees: Levels 1 and 2 Camps (Full Day Only):\$395 Level 3 Advanced Camps (MWF 3-7): \$295

If a receipt is needed, please obtain a receipt from the instructor before the end of camp.

\$20 Discount/Camp is given to those individuals attending more than one camp (excluding the first Camp).

Total Cost: \$ _____ Non-Refundable Deposit Enclosed (\$150 per Camp): \$ _____

Parent or Guardian Authorization: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R Physician).

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In Case of Emergency, Contact: _____ Phone: _____

In Case of Emergency, Contact: _____ Phone: _____

Mr./Mrs./Ms. _____ Date: _____

Authorized Parent/Guardian's Signature