

# Summer Camp 2008 Registration Form



At Chukkar Farm and Polo Club  
1140 Liberty Grove Rd  
Alpharetta, GA 3004  
770-312-7926  
robin@holycowfarm.com

## To be completed by parent or guardian.

1. All information must be complete before your registration is accepted.
2. Make a copy for your records.
3. Please fax or email the completed form with your full payment.
4. Please submit one form per child.
5. **All payments are non-refundable, except for medical emergencies.**  
(A doctor's note is required)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age at time of Camp \_\_\_\_\_ Child would like to be in a group with \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Medical Insurance Co. \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

How did you hear about the camp? \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medical Conditions We Should Be Aware Of \_\_\_\_\_

Who is authorized to pick up child at the end of the day \_\_\_\_\_

**(Those picking up the child will be required to show a valid I.D. to sign the child out).**

## PARTICIPANT AGREEMENT, RELEASE & ACKNOWLEDGEMENT OF RISK

As the legal guardian of \_\_\_\_\_ ~ I hereby consent to the aforementioned person participating in Holy Cow Farm at Chukkar Farms Summer Camp programs. I recognize that potentially severe injuries including permanent paralysis or death can occur in activities involving

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I understand that it is the express intent of Holy Cow Farm to provide for the safety and protection of my child, and, in consideration for allowing my child to use this facility, I hereby forever release Holy Cow Farm and Chukkar Farm & Polo Club, its officers, employees and teachers from liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Holy

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Name of Child \_\_\_\_\_

Check off all camps for child listed

One Child Registered On Each Sheet

Please check each option your child will participate in:

**June 2-6: Week I Summer Camp** (10am – 4 pm) \$395 \_\_\_\_\_  
 \_\_\_\_\_

**June 9-13: Week II Summer Camp** (10am – 4 pm) \$395 \_\_\_\_\_  
 \_\_\_\_\_

**July 21-25: Week III Summer Camp** (10am – 4 pm) \$395 \_\_\_\_\_  
 \_\_\_\_\_

Payment must be received for child to be registered. Refunds only for medical conditions, doctor's note required.

Total	
 _____	
Multiple Child Discount-Take 10% off Total Camps	
:	
TOTALDUE	