

Fantasia Farm Summer Camp

2010 Camp Registration Form

First name _____ Last name _____

Parents name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

AGES 5 – 15

June 14 - 18 _____

June 28 - July 2 _____

July 12 - 16 _____

July 19 - 23 _____

August 2 - 6 _____

AGES 3 - 5

July 26 - 30 _____

July 5 - 9 _____

Day camp only _____ Overnight camp _____ I am 3rd _____

Deposit received _____ \$100 deposit 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, or Stoeinger Properties LLC, 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 Bates Creek Rd., Lexington, KY, 40515

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