



# FATHER/SON WEEKEND APPLICATION

## Camper Information

1st Camper's Name (first, last):

Name Camper Likes To Be Called:

Cabin Mate Request:

Present Age:

Birthdate:

Present School Grade:

School:

2nd Camper's Name (first, last):

Name Camper Likes To Be Called:

Cabin Mate Request:

Present Age:

Birthdate:

Present School Grade:

School:

Camper's Home Address (street, city, state, zip):

Home Telephone:

Home Fax:

We would like to bunk with:

## Parent Information

Parents Are:  Living Together  Living Separately

Name of Parents or Guardian (Mr., Mrs., Ms., Dr., etc.):

Mother's name (first, last):

Home Address:

Home Phone:

Work Phone:

Cell Phone:

Email (required):

Occupation:

Father's Name (first, last):

Home Address:

Home Phone:

Work Phone:

Cell Phone:

Email (required):

Occupation:

Invoices Should Be Sent To :  Mother  Father

Emergency Contact:

Relationship:

Home Phone:

Cell Phone:



## Father/Son Dates & Fees

Friday, June 18th thru Monday, June 21st 2010

Tuition: \$250 per adult + \$200 per camper

## Pay by Check

Please make checks payable to Camp Horseshoe, LLC.

### Send application and full payment to:

Camp Horseshoe, LLC  
PO Box 1938  
Highland Park, IL 60035  
Tel: 847.433.9140  
Fax: 847.433.9145  
www.camphorseshoe.com

Owners/Directors: Fran and Jordan Shiner

## Pay by Credit Card

Camp Horseshoe also accepts VISA or MasterCard.  
Please charge full payment for Father/Son Weekend to:

VISA  MasterCard

Cardholder's Name:

Card Number:

Expiration Date:

CVV Code:

Billing Address:

Zip Code:

Signature:

Date:

## IMPORTANT

Please review and sign the reverse side of this agreement.

# FATHER/SON WEEKEND AGREEMENT

1. The camper, his parents and relatives agree to abide by the rules and regulations set by the Camp for the health, safety and welfare of the campers. The Camp reserves the right, at their discretion, to withdraw any camper or family whose conduct and/or influence is detrimental to the health, safety or general operating procedures of the camp. If this occurs, no reduction or return of fee, or any part there of, will be made.
2. Camp Horseshoe is not responsible for personal property that is lost, stolen or damaged by laundry or other means while at camp or in transit.
3. The camp is not responsible for communications from employees past or present to children or parents online, via email or through Internet sites.
4. I give Camp Horseshoe permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.
5. I understand that part of the camping experience involves activities and group interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he is familiar with these rules and will obey them.
6. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the courts of Oneida County, Wisconsin and shall be construed in accordance with the laws of the State of Wisconsin.
7. To the fullest extent permitted by law, I shall waive, release, indemnify and hold harmless Camp Horseshoe, LLC, its agents and employees from and against any claims, damages, losses or expenses arising out of or resulting from my participation in this event.
8. I represent that I am in good health and that I am able to participate in these activities. I understand that it is my sole responsibility to determine if I can safely participate in any activity.

## Please complete and sign below

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to, at my expense, hospitalize, secure proper treatment for, and or order injections, anesthesia, x-ray or surgery for my child(ren) listed below:

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I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director of Camp Horseshoe LLC, or his/her designee, about my child's medical condition, treatment, and/or prognosis.

We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

