



# ROOKIE WEEKEND APPLICATION

## Camper Information

Camper's Name (first, last):

Name Camper Likes To Be Called:

Present Age:

Birthdate:

Present School Grade:

School:

Camper's Email Address:

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

Home Telephone:

Home Fax:

I would like to bunk with:

T-shirt Size (Please circle): Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

## 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:



## Rookie Weekend Dates & Fee

Saturday, June 26th thru Monday, June 28th 2010

**Tuition: \$350 per camper**

Includes air-conditioned coach transportation  
and 3 Horseshoe t-shirts

Please make checks payable to Camp Horseshoe, LLC.

Camp Horseshoe, LLC

PO Box 1938 • Highland Park, IL 60035

Tel: 847.433.9140

Fax: 847.433.9145

[www.camphorseshoe.com](http://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 Rookie 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.

# ROOKIE WEEKEND AGREEMENT

1. Your child must be examined by your physician and all pertinent information must be submitted to the camp office on our medical form prior to his arrival at camp.
2. 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.
3. 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.
4. The camp is not responsible for communications from employees past or present to children or parents online, via email or through Internet sites.
5. I give Camp Horseshoe permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.
6. 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.
7. 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.

## 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: \_\_\_\_\_

