



EASY ONLINE ENROLLMENT
camphorseshoe.com/enroll

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 23rd thru Monday, June 25th 2012

Tuition: \$350 per camper

Includes air-conditioned coach transportation
and 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
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: _____

CW 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:

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: _____

