



To register your child just print and fill out this registration form and mail it with your deposit (\$100 for Mini Camp, \$150 for Advanced Camp) to:

### Lost Creek Ranch

N6842 570th ST  
Beldenville, WI 54003

Feel free to contact Lynette with any questions or concerns!

Email: [lostcreek@wildblue.net](mailto:lostcreek@wildblue.net)  
Phone: 715-273-6070



## DAY CAMP AT LOST CREEK



Day Camp Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Name: Father/Guardian \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers (including area code):

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Emergency Contact in case parents cannot be reached:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's level of riding experience: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

If so, what? \_\_\_\_\_

Any special needs? \_\_\_\_\_

Is child on any medication? Yes No

If yes, please give name, dosage and directions for medications: \_\_\_\_\_

Please give any other information you think would be important for us to know about your child so we can insure they have a comfortable stay and a good experience.

We, the parent(s) / guardian(s) will not hold Lynette Weldon, Lost Creek Ranch, or Horse Camp Staff responsible for any accident that may happen while our child is at Camp. If an accident does occur, we give Lynette Weldon and/or Camp Confidence Staff our approval/permission to take our child to the hospital to receive medical attention until we arrive. THE PARENT OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE. Please send a copy of both sides of your insurance card. If your child is sent home due to an illness and misses 3 or more days of camp, they may enroll in another session at no additional charge, providing there is an opening. There will be no refunds if your child is sent home due to misconduct. Photo release: I grant permission to use images of my child taken at Camp Confidence for promotional purposes.

Parent/Guardian Signature and Date: \_\_\_\_\_