



## Winter Horse Camp 2009

### Winter Camp Registration

Form must be completed and **notarized** and received before camper is officially registered for camp

Campers Last Name _____ First _____ Address _____ City _____ State _____ Zip _____ DOB (mm/dd/yy) _____ Age at time of camp _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Social Security # _____ - _____ - _____ Parent/Guardian Name _____ Home Phone _____ Fax _____ Work Phone _____ Cell Phone _____ Email _____ Has camper attended camp before Y/N if yes Where _____ When _____	Please Attach Photo Here
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<b>Three Emergency Contacts (not parents)</b> Name _____ Phone _____ Name _____ Phone _____ Name _____ Phone _____
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<b>Camper Medical Information</b> <input type="checkbox"/> Diabetes <input type="checkbox"/> Strokes <input type="checkbox"/> Cancer <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Back Pain/Injury <input type="checkbox"/> Head injury <input type="checkbox"/> Broken Bones Explain _____ <input type="checkbox"/> Congenital Abnormalities _____ <input type="checkbox"/> Surgical History _____ <input type="checkbox"/> Allergies (food, medical, other) _____ List medications to be taken at camp with dosage _____ Any other medical conditions Camp Illahaw should be aware of _____ Is camper covered by medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please include a copy of policy
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### For Office Use Only

Deposit Rec. \_\_\_/\_\_\_/\_\_\_ Final Rec. \_\_\_/\_\_\_/\_\_\_  
Med \_\_\_ Horse Liab. \_\_\_ Confirm Call \_\_\_ Confirm Pack \_\_\_ Zip Form \_\_\_

## Enrollment Agreement

I/We have read and understand the terms, policies, and requirements of attending Camp Illahaw at Forever Florida and understand that signing this agreement confirms compliance. I/We give complete authorization for a representative of Forever Florida/Florida Eco-Safaris to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of any and all medical services provided. I/We release and hold blameless the employees, volunteers, and Board of Directors of Florida Eco-Safaris, Inc. from any and all claims of liability past, present, and/or future. I/We accept the financial responsibility for any and all damage to facilities or personal property of which our Child is found to be responsible. I/We have read and understand the terms, policies, and requirements of attending Camp Illahaw at Forever Florida and understand that signing this agreement confirms compliance. I/We give complete authorization for a representative of Forever Florida/Florida Eco-Safaris to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of any and all medical services provided. I/We acknowledge that Florida Eco-Safaris Inc. owns and has discretion over the use of all photographs and recordings created while the Child is at camp. I/We understand that the total Camper Tuition must be paid in full two weeks in advance to the scheduled arrival date and that any and all deposits, fees, and or tuition amount paid is non-refundable even should the camper choose not to attend, go home during camp, or be expelled due to dishonest, disrespectful, or violent behavior.

## Parent/Legal Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

*This document must be notarize*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
By \_\_\_\_\_ who is known to me.

## Camp Date:

**Dec 27, 2009 – Jan 1, 2010**

## Payment:

Make Checks payable to: **Florida Eco-Safaris**

Winter Camp Session **\$375.00** (must have FULL payment by December 5th or spot is moved to full payment camper)

Deposit of \$150.00 per child is due with registration

## Payment Options

Check # \_\_\_\_\_

Please charge:  Deposit of \$150.00 Card # \_\_\_\_\_

Full payment of \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Balance of \$ \_\_\_\_\_ on \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Authorized signature \_\_\_\_\_

*Charge will appear as Cypress Restaurant*

## Mail To:

Camp Illahaw at Forever Florida  
4755 N. Kenansville Rd Saint Cloud, Fl. 34773  
1-866-854-3837  
Fax 407-957-1227