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| **Bellaire Summer Camp** |  |

**Information**

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| Week (Circle One) | July 12th-16th | August 9th-13th |
| Child’s Name  |  |
| Age |  |
| Parent’s/Guardian’s Name |  |
| Street Address |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

**Permission**

I give my child/ward permission to engage in equine sports and do not hold Bellaire Farms, Inc. responsible for any injuries that may occur while participating in this activity.

I also understand that I need to send my child with a helmet, (bike helmets work great), lunch, boots, and appropriate clothing to wear around a horse stables environment.

**Agreement and Signature**

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Please return to Bellaire Farms, Inc.

7025 E. Ryan Rd.

Milton, Wi 53563-9359