**LEFEVER TRAINING CENTRE**

Barn Address: 1177 Hwy 12, Roberts, Wisconsin 54023

**Mailing Address: 1177 US HWY 12 Roberts, WI 54023**

Phone: (612) 965-4121

Dear Camp Participant(s):

Thank you for your interest in the upcoming 2021 summer camps!

Enclosed are the camp forms which need to be filled out completely and returned to us prior to attending your first day of camp.

Mail completed forms along with camp deposit (payable to LeFever Training Centre) to the following address:

LeFever Training Centre

1177 US HWY 12

Roberts, WI 54023

 • Camp Deposit - $50

The balance can be paid at the facility on the first day of camp.

If you or your parents have any questions, please give us a call. We look forward to seeing you at camp!!

Sincerely,

Don & Teresa LeFever

LEFEVER TRAINING CENTRE

www.lefevertc.com

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Phone: (612) 965-4121 / Email: lefevertc@aol.com

**2021 Summer Camp Dates**

Below are the dates for this year’s camps. Please mark which session(s) your child is attending. Cost for each four day session is $200. A $50 deposit is required to hold your reservation with payment due in full prior to each session attended. Each session runs from **9 a.m. to noon**.

**Session #1**: \_\_\_\_ July 12th – 15th **Session #2**: \_\_\_\_ July 26th – 29th

**Camp T-Shirts:** camp shirtsavailable for purchase on first day of camp (optional) for **$20.**

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Please circle requested shirt size: **YOUTH**: S M L XL / **ADULT**: S M L XL

**Attire Requirements:** Each rider will need to wear long pants (preferably jeans) and cowboy boots (boots can be purchased at Fleet Farm). Also required is a riding helmet – riders may bring their own or one will be provided to you.

**Snacks:** LeFever Training Centre will provide a snack and juice daily. If rider has any food allergies they may bring their own snack. Riders should also bring a water bottle.

Waiver, Release, and Indemnification Agreement

The undersigned hereby agrees to indemnify and hold harmless Donald LeFever, the LeFever Training Centre and all of their offices, employees, and agents for any liability or claim of any kind, including attorney’s fees incurred in defending any such liabilities or claims arising from the undersigned’s riding or driving lessons on the premises whether such claim is brought by the undersigned or a third party.

**IN WITNESS WHEREOF, the undersigned have set their hands on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.**

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Must be 18 yrs. of age to sign – if signing for a minor, relationship must be listed)

**UNDER WISCONSIN LAW**

A participant in recreation activities (including equine activities) accepts risks inherent in the recreational activity of which the ordinary prudent person should be aware.

**WIS. STAT. S895.525 (1994)**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use – Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEFEVER TRAINING CENTRE

EMERGENCY CARD

RIDER’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Check here to receive email confirmation upon receipt of forms/payment

\_\_\_\_\_ Check here if you would like to receive emails on upcoming events @ LTC

**EMERGENCY CONTACT INFORMATION**

MOTHER: Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER: Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER EMERGENCY CONTACT: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to provide necessary treatment or Emergency care:** I hereby give my permission to be treated for emergency and life threatening injuries; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for emergency situations. In the event that I cannot be reached, I hereby give permission to trained medical personnel to secure and administer treatment, including hospitalization, for the above name person.

**Signature of parent / guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_