



Crossfire Ranch

Leadership Camp & Horse Camp Registration Form

Crossfire Ranch (office) N8540 County Road N, Menasha, WI 54952 Phone:920-740-0010

(Please print clearly and complete form in its entirety)

Participant's Name: _____

Age: _____ Gender: M F Date of Birth: _____

Parent(s) or Guardian(s): _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Primary Contact Phone: _____

Emergency Contact (other than name(s) listed above): _____ Phone: _____

Email Address: _____

Check box if you do not want to be put on our mailing list. It will not be shared with anyone else.

Church Attended (if any): _____

Allergies / Restrictions : _____

CFR Liability Release: I certify that the participant has permission to attend any horsemanship related activity and further give consent for medical treatment for participant in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes, and give permission for staff to inform the necessary parties of participant's medical condition, including, but not limited to, food or other allergies, asthma, seizures, or medication, for attending to participant's medical needs. Crossfire Ranch carries secondary insurance; all claims must be submitted to the participant's insurance carriers first. I understand that some activities are inherently risky, and take responsibility for participant's participation in any of Crossfire Ranch program areas, and indemnify, release, and discharge Crossfire Ranch and its directors, officers, and staff from liability and all costs arising from participant's participation in any horsemanship activity. I understand under Wisconsin law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Statutes of Wisconsin, (WI Ch. 895 to 900 in particular W. S. A. 895.481.). I also give permission in the event that the participant's picture or testimony is used in the promotion of Crossfire Ranch activities.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Amount \$250.00

Deposit * \$ _____

Date on Check _____

Check # _____

Balance Due \$ _____

Payment Made \$ _____

New Balance \$ _____

Date on Check _____

Check # _____

Equine Leadership Camp

___ June 10-14

Also, number in order of preference at which Horse Camp you wish to serve.

Horse Camps

___ Week 1 - June 17-12

___ Week 2 - July 22-26

___ Week 3 - August 5-9

*A non-refundable registration deposit of \$75 must be included with the registration form (this deposit is applied to your camp fee).

Balance to be paid on or before 1st day of camp.

Once you have received an email or verbal communication that we have space available for your child's camp, you have two weeks to mail this registration form along with the \$75 deposit. Those who do not send in their form and deposit within the required time limit will forfeit their spot.

Please mail check and registration form to:

Crossfire Ranch
Attention: Camp
N8540 County Road N
Menasha, WI 54952