

LEFEVER TRAINING CENTRE

Barn Address: 1177 Hwy 12, Roberts, Wisconsin 54023

Mailing Address: 1177 US HWY 12 Roberts, WI 54023

Phone: (715) 410-2027

Dear Camp Participant(s):

Thank you for your interest in the upcoming 2024 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, Katie & Jordan LeFever

LEFEVER TRAINING CENTRE

www.lefevertc.com

Barn Address: 1177 Hwy 12, Roberts, Wisconsin 54023

Mailing Address: 1177 US HWY 12 Roberts, WI 54023

Phone: (715-410-2027) / Email: dolneykr@gmail.com

2024 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 \$275. 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 15th-18th _____ **Session #2:** July 23rd-26th _____

Session #3: August 26th-29th _____

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

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 _____, 2024.

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: _____