



## HORSE & PONY SUMMER CAMP INFO FORM

### CAMPER & PARENTS INFORMATION

Camper's First Name		Last Name		
Birth Date: MM/DD/YYYY				Age:
Camper's Horse Experience:	<input type="checkbox"/> Novice	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Parent or Guardian First Name		Last Name		
Primary Contact Phone No.		Secondary Contact Phone No.		
Address:				
Email Address:				
Parent or Guardian First Name		Last Name		
Primary Contact Phone No.		Secondary Contact Phone No.		
Address:				
Email Address:				
If you plan to give permission to anyone else to drop-off or pick up Camper (other than Parent or Guardian specified above) please provide specific details and directions:				

### CHILD BIO

**Tell us about your camper:** We aim to make every child's experience memorable and special. Tell us a little about your camper's favorite things, hobbies and anything we can do to customize their experience.

### EMERGENCY CONTACTS

Name	Relationship	Phone No.
Name	Relationship	Phone No.
In case of emergency, you allow the staff to call 911 for medical assistance. Initial: _____		

### CAMPER HEALTH INFORMATION

Does the camper have any allergies?  No  Yes

If yes, please provide list and instructions:

Name:

Signature:

Date:



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Does the camper currently take medication(s)?  No  Yes  
If yes, please provide list and instructions:

## CAMP SESSION(S)

Please select camp dates that you wish to attend: \$550 per Weekly Session

Individual Dates. Please specify if you will not be attending a full week session and only want to attend on select dates here: \$125 per Day

Session Dates:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 6/3-6/7   | <input type="checkbox"/> 7/8-7/12  |
| <input type="checkbox"/> 6/10-6/14 | <input type="checkbox"/> 7/15-7/19 |
| <input type="checkbox"/> 6/17-6/21 | <input type="checkbox"/> 7/22-7/26 |
| <input type="checkbox"/> 6/24-6/28 |                                    |

## PAYMENT (Below information for Staff Only)

Number of Sessions: \_\_\_\_\_ Rate: \$550.00

Number of Single Dates: \_\_\_\_\_ Rate: \$125.00

Total: \_\_\_\_\_

Discounts Applied: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Payment Type: \_\_\_\_\_

**Please complete and email form along to LMH\_Equestrian@outlook.com. We will email you to confirm receipt of registration and to arrange payment.**

### ADDITIONAL ADVISORY & INSTRUCTIONS:

- Campers must bring their own lunch daily.
- Campers must wear closed-toe shoes and pants.
- Campers will be required to wear riding helmets – either personal or provided. Bicycle helmets are not permitted.
- Campers' guardians will be required to complete a Liability Waiver to participate in the program.
- Kids will be videos and photographed – video and photographs may appear on GB's social platforms.

\_\_\_\_\_ By initialing you acknowledge that you have read and signed the Liability Waiver.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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