



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 stablehandco@gmail.com. We will email you to confirm receipt 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: