



## Summer Horse Camp Registration Form

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

**Please Print:**

Date of Registration \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birth Date: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Carrier and Policy # \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Riding experience: (own, lease, lessons and style of riding that you do) \_\_\_\_\_

### **THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.**

I hereby give permission to Faith Haven Stables to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp director to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that Faith Haven Stables does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. Due to insurance purposes Faith Haven Stables is not permitted to provide food for campers. Please plan to pack a lunch which we will refrigerate for your child.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Faith Haven Stables reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding camp fees: The camp fee is \$425 if I use one of the Faith Haven Stables lesson horses, \$425 if I bring my own horse in from outside FHS, and \$375 for the week if on own horse that is boarded at FHS. No refunds will be given for canceling within 7 days of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to homesickness or personal commitments.

Faith Haven Stables has my permission to use photographs taken of my child while at camp for promotional purposes.

**We or I (Parents/Guardians) have read and agree to all the conditions of this registration.**

**Signature of parent(s)/guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_