

EQUESTRIAN SUMMER CAMP
REGISTRATION FORM

To reserve your camp dates, complete this form and return it along with your deposit of $100. The remainder of the fee is due on the first day of the camp.

Name of camper: _____

Address: _____

City: _____State: _____ZIP: _____

Father's name: _____

Work/Home phone #_____Cell #_____

Mother's name _____

Work/Home phone # _____Cell # _____

Contact in case of emergency: _____

Phone #_____Cell # _____

Medical concerns: _____

_____

Allergies: _____

-Please select the week you would like to attend:

[ ] June 4th – 9th, 2018 - **$500** – from 9:00 – 2:00

[ ] June 11th – 15th, 2018 - **$350** – from 9:00 – 2:00

[ ] June 18th – 22th, 2018 - **$350** – from 9:00 – 2:00

[ ] June 25th - 29th, 2018 - **$350** - from 9:00 – 2:00

[ ] July 9th - 13th, 2018 - **$350** - from 9:00 – 2:00

425 Faye Street - Apopka - Florida. 32712
Phone: (407) 402 6454

CENTRAL FLORIDA EQUESTRIAN CENTER

CLAUDIA HEATH FARM

-Bringing a horse to camp with you?

[ ] Yes – additional boarding cost of $100 for 5 day camp

[ ] No

Day campers arrive each day at 9:00am and leave at 2:00pm. Before and aftercare is available with prior arrangements for an additional charge of $10.00 per hour exceeding the camp time. Our strong emphasis on safety requires that all students wear boots and ASTM approved helmets. Campers should also complete a liability Release form and an Authorization for Emergency Treatment Release Statement form from parent or guardian.
Return complete form with deposit of $ 100 payable to: CLAUDIA HEATH FARM.

- Please indicate child's riding ability to help us determine the most suitable horse for your child:

[ ] Not sure - Please arrange for an evaluation prior to the camp.

[ ] Never ridden before

[ ] Beginner - can walk and trot

[ ] Intermediate can walk, trot and canter, jump x-rails.

[ ] Advanced - can already do a course of small jumps.

-Does your child have any allergies?

[ ] yes

[ ] No

If yes, please explain: _____

_____

- Does your child have any emotional, behavior, or physical problems?

[ ] Yes

[ ] No

If yes, please explain: _____

_____

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-For us to be able to better match horse and student we need to know the students:

Age: _____

Height: _____

Weight: _____

- Please complete and return this form to reserve a space.

-Claudia Heath Farm reserves the right to dismiss any camper who in their opinion is a hazard to the safety and rights of others or who has rejected the rules of the farm.

-No discounts of fees will be offered for any reason for registrants arriving late or leaving early during the period for which they are registered.

PARENT'S AGREEMENT

I give permission for photographs and video footage of my child to be used by Claudia Heath Farm for promotional purposes. It is understood that, if accepted, camp fees are: $500 advance camp; $350 Beginner/Intermediate Camp. I agree to follow the payment schedule. I hereby give permission to Claudia Heath Farm to authorize the necessary medical treatment in the event of a medical emergency. *If I am available,* I understand that CHF will always attempt to contact me before doing so.

Parent or guardian signature: _____ Date: _____

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