



# SUMMER CAMP REGISTRATION FORM

9301 62ND Street, Pinellas Park, FL 33778

## CHILD INFORMATION

Today's Date \_\_\_\_\_

Child's Name _____	Date of Birth _____	M/F _____
Street Address _____		
City _____	State _____	Zip Code _____
How did you here about Saddle Up? _____		
Do you have experience riding? _____ I am comfortable with:		
_____ Walking _____	Trotting _____	Cantering _____
_____ Jumping _____	Trail _____	

## PARENT INFORMATION

<b>Parent 1 / Guardian</b> _____		
Cell phone _____	Work phone _____	Occupation _____
Email _____		
<b>Parent 2/ Guardian</b> _____		
Cell phone _____	Work phone _____	Occupation _____
Email _____		

## EMERGENCY INFORMATION

Emergency Contacts (must be people other than parents/ or guardians:		
<b>Emergency Contact 1</b> _____ Relationship _____		
Cell phone _____	Work phone _____	Home phone _____
<b>Emergency Contact 2</b> _____ Relationship _____		
Cell phone _____	Work phone _____	Home phone _____

## Authorizations:

Authorized persons to pick up (in addition to parents/guardian )

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Medical Information

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Administer minor first aid? \_\_\_ Yes \_\_\_ No    Seek Medical Emergency care \_\_\_\_\_ Yes \_\_\_ No

Does your child have Allergies \_\_\_ Yes \_\_\_ No                      Special Needs \_\_\_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

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## Equestrian Permission:

All Adults over 18, or Child's Parent or Guardian must read the following carefully:

### Protective Attire

1. I am hereby advised to wear an approved well fitting helmet with a harness strap fastened securely under chin. If you do not own one, one will be provided for you.
2. I am hereby advised to always wear hard soled, fully enclosed shoes or boots with a small heel. Long pants must also be worn while riding. You can change back into shorts after you ride.
3. Sunscreen and drink plenty of water.

### The Horse

I am advised that horses are unpredictable by nature, with minds of their own, as are animals. Horses may become frightened and or /nervous from loud noises or something they have never seen before, just as a human would react. This is to advise the rider not to make loud noises or sudden movements around the horse.

I have read and understand the above concerning correct attire and nature of the horse.

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / guardian for:** \_\_\_\_\_

My Child \_\_\_\_\_ Would like to attend camp:

### June 2015

_____ 8-12	Beginner to intermediate ages 8+	\$250.00	9-4
_____ 15-19	Beginner to intermediate ages 8+	\$250.00	9-4
_____ 22-26	Pee Wee/Special needs ½ day ages 5+	\$175.00	9-12
_____ 29-7/1	Trail Camp ages 10+	\$225.00	9-4

### July 2015

_____ 6-10	Special Needs LEAP	\$250.00	9-2
_____ 13-17	Beginner to intermediate ages 8+	\$250.00	9-4
_____ 20-24	Beginner to intermediate ages 8+	\$250.00	9-4
_____ 27-31	Show Camp ages 10 +	\$300.00	9-4

### August 2015

_____ 3-7	Intermediate Trail Camp	\$375.00	9-4
_____ 17-21	Special Needs LEAP	\$250.00	9-2

To secure a spot please send a \$50.00 non refundable deposit. **Final payment is due Friday before the beginning of your week of camp.** We accept Visa, Mastercard, American Express as well as checks and cash.

Name of person on card \_\_\_\_\_

Card number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_\_ Amount to charge Security code (on back of card) \_\_\_\_\_ Zip code \_\_\_\_\_

Please send a \$50.00 non refundable deposit to: 18217 Gulf Blvd, Redington Shores, FL 33708 .

For more information contact Kellie at [kellie.sipos@gmail.com](mailto:kellie.sipos@gmail.com) or

Call 727-520-3132

# Liability and Emergency Medical Release

## Rider Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Saddle Up to:

1. Secure and retain medical treatment and transportation, if needed:
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment. I give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed life-saving by the physician. This provision will only be invoked if the person below is unable to be reached. In an emergency:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy# \_\_\_\_\_

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

\_\_\_\_\_  
(Adult Signature: Parent or Legal Guardian )

## WARNING

**UNDER FLORIDA LAW, ANY EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**RELEASE AND HOLD HARMLESS AGREEMENT WHEREAS, the UNDERSIGNED** acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at SADDLE UP RIDING CLUB, INC. The Undersigned does hereby agree to hold harmless and indemnify KELLIE AND JEFF SIPOS OR THE OWNER OF ANY HORSE USED BY THE SADDLE UP RIDING CLUB, INC, SADDLE UP VOLUNTEERS AND NANCY SPARKS and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Saddle Up Stables, Pinellas Park, FL.

Participant's printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_