



EQUESTRIAN SUMMER CAMP REGISTRATION FORM

To reserve your camp dates, complete this form and return/mail it along with your **nonrefundable** deposit of \$100. The remainder of the fee is due on the first day of the camp. We accept cash or check. No credit card.

If you or a member of your household has been exposed to COVID, waiting COVID test results, has COVID - do not come to camp. Please contact us.

1. Day campers arrive each day at 9:00am and leave at 2:00pm.
2. Before and aftercare is available with prior arrangements for an additional charge of \$10.00 per hour exceeding the camp time.
3. Our strong emphasis on safety requires that all students wear their own boots and ASTM approved helmets.
4. Campers will be required to have completed these forms by the first day of camp to be able to attend:
 - liability Release form
 - Authorization for Emergency Treatment Release Statement form from parent or guardian
 - COVID form

Name of camper: _____

Address: _____

City: _____ State: _____ ZIP: _____

Father's name: _____

Work/Home phone # _____ Cell # _____

Mother's name _____

Work/Home phone # _____ Cell # _____

425 Faye Street - Apopka - Florida. 32712

Phone: (407) 402 6454



Contact in case of emergency: _____

Phone # _____ Cell # _____

Medical concerns: _____

Allergies: _____

Health Insurance information _____

-Please select the week you would like to attend:

June 13th - 19th, 2021 - **\$350** - from 9:00 - 2:00

June 20st - 24th, 2021 - **\$350** - from 9:00 - 2:00

July 18th - 22nd, 2021 - **\$350** - from 9:00 - 2:00

July 25th - 29th, 2021 - **\$350** - from 9:00 - 2:00

-Bringing a horse to camp with you?

Yes - additional boarding cost of \$100 for 5 day camp

No

- 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.

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-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: _____

-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: \$550 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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