



14000 SW 192 St Miami, FL 33177
(786) 231-9902

Summer Camp 2017

Thank you for your interest in attending our equestrian summer day camp! Miami Equestrian Center is a hunter/jumper facility located in Miami FL and offers year-round lesson programs to all levels of riders young and grown.

Summer Camp is a week-long day camp where campers will be around horses and ponies. Riders will be able to enjoy all aspects of horsemanship in a safe, fun friendly environment and will build memories that will last a lifetime. Camp includes: horseback riding instruction each day, camp games on both the horse as well as on foot, barn maintenance and management, arts & crafts, movies, and horse care & education.

Any child age 7-13 at the time of camp may register. No riding experience is necessary!

Registration Process

Please read the following carefully. Summer Camp enrollment is first come, first served.

To register please complete the Summer Camp Registration Form and submit with payment by the Friday before the week(s) of camp you plan to attend.

Camp Cost – Per Camper

- Individual weeks \$350
- Package of 3 consecutive weeks \$900
- For all camp sessions \$2,200 (8 weeks @ \$275/week)

We do offer sibling discounts. Please inquire if you intend to enroll multiple children.

Checks should be made out to: Miami Equestrian Center

When to show up

Camp is Monday-Friday, 9:00am - 3:00pm.

Before and after care is available at an **additional charge of \$20.00 per 30 minutes.**

Please contact Miami Equestrian Center, prior to the camp week starting to make arrangements for before/after care.

What to bring

Camp provides all the necessary equipment for horseback riding.

Campers should bring:

- Lunch Monday - Thursday, Friday Pizza Day
- Jeans or leggings. No sweat pants.
- Extra change of clothing
- Close-toed shoes or riding boots
- Sufficient hydration (water, Gatorade, etc.)
- Sunscreen
- Hat / Sunglasses
- Afternoon snacks

Please note that if you choose to bring personal electronic devices (electronic devices include, but are not limited to: cell phone, tablet, go-pro camera, etc.) or other any other personal items, Miami Equestrian Center is not responsible if items are lost, stolen, or damaged.

Thank you so much for your interest in Camp -- we look forward to riding with you!!



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1. Session

Please select the session(s) you would like to attend.

- | | | |
|--|--|--|
| <input type="checkbox"/> June 12 - June 16 | <input type="checkbox"/> June 19 - June 23 | <input type="checkbox"/> June 26- June 30 |
| <input type="checkbox"/> July 10 - July 14 | <input type="checkbox"/> July 17- July 21 | <input type="checkbox"/> July 24 - July 28 |
| <input type="checkbox"/> July 31- Aug. 4 | <input type="checkbox"/> Aug. 7 - Aug.11 | <input type="checkbox"/> Aug. 14- Aug. 18 |

2. Participant and Primary Contact Information

Name of Participant: _____ Date of Birth: _____ Age: _____

Name you prefer to be called (if different): _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address you check frequently: _____

Best way to contact you? **(Circle one)** Home Phone Cell Phone Email

3. Emergency Contacts

Please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____



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4. Safety Information

Please list all known conditions so we can accommodate your camper's needs

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Does your camper need to carry an EPI (epinephrine) Pen? () Yes () No

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications? () Yes () No

If Yes, please list the medication(s) and dosage below and provide to Miami Equestrian Center Trainer / Councilors at the beginning of the week.

5. Riding Experience

Tell us about your current / prior riding experience:

- I have never ridden a horse before.
- I have been riding casually, on and off, with little to no formal training.
- I have been riding seriously, with formal training, for 3+ months.
- I have been riding seriously, with formal training, for 1+ years.

6. OTHER INFO

Is there anything else you would like us to know?



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7. Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Miami Equestrian Center during the selected camp session(s). I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Miami Equestrian Center and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Miami Equestrian Center including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including horseback riding.

8. Photography Acknowledgment

Any photos, recorded (audio or video) and/or written materials created for and/or during Summer Camp are property of Miami Equestrian Center and may be used for promotional purposes at the discretion of Miami Equestrian Center.

9. Medical Release and Authorization

As Parent and/or Guardian of the named participant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named participant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Miami Equestrian Center and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered session.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

10. Confirmation

By signing the below, I acknowledge and agree to the terms and information provided within this registration form.

Parent / Guardian Signature

Date