

Grace Stables

Summer Camp

13235 Laurel Hill Drive
Tallahassee FL 32309
850.510.0226

www.gracestables.com
cgracestables@aol.com



Camper Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Male: _____ Female: _____ Birthday: _____ Age: _____

Camp Sessions: (check the session(s) you plan to attend)

_____ June 3rd thru June 7th
_____ June 17 thru June 21st
_____ July 15th thru July 19th

Allergies: Insect Stings _____ Asthma _____ Food _____ Other _____

Daily Medications Needed: _____

Please use this space to supply Grace Stables with any information (physical, medical, social, psychological, etc.) that you feel will be helpful for us to know about working with this camper:

RIDING LEVEL

_____BEGINNER (little or no riding experience or lacks confidence)

_____NOVICE (can ride a gentle horse at a walk, perhaps trot a little)

_____INTERMEDIATE (can walk, trot, canter but needs to improve skills)

_____ADVANCED (previous experience and instruction, good form & control)

2019 SUMMER DAY CAMP HOURS ARE:

REGULAR HOURS: 9:00 a.m. until 4:00 p.m.

Early Drop off is at 8 am, and Late Pick-up is at 5:30 pm
Check here if needed _____ (\$50 Extra Fee)

Registration: \$250 (or \$300 with early drop/late pick up)

\$50 deposit is required with registration and is non-refundable. The balance of the camp fee is due before the first day of camp.

**PLEASE MAIL REGISTRATION FORMS with Deposit to:
Grace Stables- 13235 Laurel Hill Drive Tallahassee, FL 32309.
Please Make Checks Payable to Grace Stables**

REGISTRATION WILL BE PROCESSED UPON RECEIPT OF REGISTRATION FORM AND PAYMENT. A CONFIRMATION EMAIL ALONG WITH A LIST OF WHAT TO BRING TO CAMP WILL BE SENT TO YOU.

Grace Stables' Camp T-Shirts available for \$10.00

Circle Shirt Size: Child's: XS S M L Adult's S M L XL

**WARNING: UNDER FLORIDA LAW (CHAPTER 773)
WARNING**

Under Florida Law, an 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.

Liability Release:

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waiver and release forever all claims for damages against The Milner Family or Grace Stables for any and all injuries and/or losses I may sustain as a result of use of The Milner Family or Grace Stables property, equipment, or facilities.

I brought my own helmet. _____	I choose not to wear a helmet. _____
Helmet Use: Rider acknowledges that wearing a properly fitted and secured riding helmet which meets or exceeds the quality standards of the SEI Certified ASTM Standard F1163 while riding, mounting, dismounting, and being near the horses may reduce the severity of head injuries or prevent death occurring as the result of a fall or other occurrence. Grace Stables or The Milner Family makes no representations as to the condition, effectiveness or suitability of any helmet it may allow rider to use. All helmet related risks are assumed by rider.	

I do ____ do not ____ want my picture to be used for advertising or on the internet.

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I HAVE READ AND UNDERSTOOD THIS ENTIRE RELEASE AND AGREE TO ALL TERMS SET FORTH ABOVE. THIS CONSTITUTES THE ENTIRE RELEASE AND THERE ARE NO TERMS OR CONDITIONS OTHER THAN AS SET OUT HEREIN.

Signed (must be 18 years of age): _____ Date: _____

Print Name: _____ Camper Name: _____

Relationship (if signature is different from participant): _____

Camper Name: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY

1. Name: _____

Contact Number: _____

2. Name: _____

Contact Number: _____