



# Kid's Horse Camp Registration Form

Participant Name: \_\_\_\_\_ (PRINT)

Parent/Guardian Name: \_\_\_\_\_ (PRINT)

**Warning under Florida law (FLORIDA STATUTES, TITLE XLV TORTS, CHAPTER 773, EQUINE ACTIVITIES), an equine activity sponsor or professional is not liable for any injury to, or the death of a participant in equine activities, resulting in the inherent risk of equine activities.**

Riding ability of participant: Beginner \_\_\_\_\_ intermediate \_\_\_\_\_ experienced \_\_\_\_\_ (initial)

Is the participant a minor child? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, participant's age? \_\_\_\_\_

May the child swim? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's swimming levelability? \_\_\_\_\_

Allergies or health concerns: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Horse Camp Check list and Information

- \* Hours of operation are Monday through Friday 8:30 a.m. – 2:30 p.m.
- \* We offer after care from 2:30 - 5:30p.m. for an additional \$15 per day.
- \* Horse Camp is \$45/day, per child, or \$200 per week.
- \* We offer a \$25 discount for each additional sibling and \$25 discount per week for three or more weeks.
- \* We do not offer refunds. We only offer credit.
- \* We appreciate your referrals!! For each referral you send to us you will receive \$10 camp tuition credit.

## YOU MUST BRING THESE ITEMS TO CAMP DAILY

- |                             |                           |
|-----------------------------|---------------------------|
| * Lunch                     | * Sunblock                |
| * Bug spray                 | * Refillable water bottle |
| * Helmet ( if you have one) | * Pants for riding        |
| * Closed toed shoes         | * Swim Suit and Towel     |

## IF YOU'RE UNDER THE AGE OF 16, YOU MUST WEAR A HELMET.

A riding helmet is recommended safety gear for all participants. I will wear a helmet \_\_\_\_\_. (initial)

Contact information:

Street address \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact other than above listing:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Participant or guardian \_\_\_\_\_ Date \_\_\_\_\_