



Graham Equestrian Center 2016 Summer Camp Registration

Week Desired (circle one) : 6/20-6/24 ALL LEVELS 7/11-7/15 ADVANCED ONLY

7/25-7/29 ALL LEVELS 8/15-8/19 ALL LEVELS

Participant Name: _____

Parent(s)/Legal Guardian: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Emergency Contact Information: _____

Other person authorized to pick up child: _____

Please describe riding experience if any:

In order to reserve your spot, please make deposit of \$175 payable to GEC before the start of camp. The remaining balance is due before the start of camp to total \$350. *early drop off and late pick up can be arranged for an extra \$15 for AM or PM, or \$30 for both.

Checks can be handed to your instructor or mailed to:

Graham Equestrian Center

10301 Harford Rd. Glen Arm, MD 21057

CAMP PARTICIPANT AGREEMENT

Participant agrees to the following:

- Training starts at 9:00am and ends at 4:00pm (before and after child care can be provided upon request)
- Wear long pants, shirt or polo shirts and boots with low heel while riding
- NO riding in shorts, tennis shoes, or sandals
- Bring extra set of clothing
- Bring lunch, snacks, and water daily
- Respect safety rules indicated by instructors at ALL times (no running around horses, no standing behind horses, etc....)
- No fire, firearms, alcohol, or drugs permitted on premises
- Complete New Rider Welcome Packet
- Have a positive attitude towards horses, other campers, and instructors

Participant's Name: _____ Date: _____

Participant's Signature: _____

Parent's Name: _____ Date: _____

Parent's Signature: _____

HEALTH AND LIABILITY RELEASE

Participant Name: _____

M / F : _____ DOB: _____ Weight: _____ Height: _____

Date of last Tetanus boosters: _____ Is

child subject to: Asthma: _____ Hay Fever: _____ Diabetes: _____

Convulsions: _____ Other: _____ Is child currently taking ANY medications? _____
if yes, please list below:

Any allergic reactions to drugs, insects, plants, animals, foods, etc.? list any/all:

Any specific health problems or diet restrictions that the instructor should be aware of?:

Any other pertinent information: _____

Emergency Release Statement:

In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Rachael North, Kaitlyn Julio, and/or Holly LaBarre to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

PARENTS/GUARDIANS Printed name: _____

PARENTS/GUARDIANS Signature: _____

DATE: _____