



## Graham Equestrian Center 2017 Summer Camp Registration

Week Desired (circle dates) : 6/26-6/30 ALL LEVELS 7/10-7/14 ADVANCED ONLY

7/24-7/28 ALL LEVELS 8/7-8/11 ALL LEVELS 8/21/8/25 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: \_\_\_\_\_