



## Graham Equestrian Center 2018 Summer Camp Registration

Week Desired (circle dates) : 6/18-6/22 ALL LEVELS 7/9-7/13 ADVANCED ONLY

7/23-7/27 ALL LEVELS 8/6-8/10 ALL LEVELS 8/20-8/24 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 \$200 payable to GEC before the start of camp. The remaining balance is due before the start of camp to total \$400. No multi-week discounts will be provided during the 2018 camp season. \*early drop off and late pick up can be arranged for an extra \$15/hr 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:

- Camp 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, although shorts and closed-toe shoes are allowed after riding
- Bring extra set of clothing
- Bring lunch, snacks, and water daily
- Respect safety rules indicated by instructors at ALL times, these are outlined in the “New Rider Welcome Packet”
- 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, Holly LaBarre, or other Graham Equestrian Center employee 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: \_\_\_\_\_