

SeaHorse Stables Summer Camp Registration Form 2017

Participant's Name: _____ Birth Date: _____

Home/Local Address: _____

_____ Email: _____

Contact Name and Number: _____

Emergency Contact: _____

Names of approved pick-up persons: _____

Riding experience: _____

Please explain any health issues, allergies, anxieties we should be aware of: _____

Medications: _____

Pediatrician's name and number: _____

If a hospital visit is necessary, do you consent to Waldo County Hospital? _____ If no, Please advise: _____

Will you want before/after camp child care (\$10/hr)? _____

Circle camp sessions:

June 26-30: \$325

July 17-21: \$325

August 15-17: \$225

Please provide 50% at time of sign up and the remainder is due on the session beginning date. No refunds are available, but if a cancellation is necessary, SeaHorse Stables will offer a credit to be used towards lessons or other camps.

Please pack: Lunch and snacks, water bottle, sunscreen, swimsuit and towel, extra clothes, bug spray, camera!

Please wear: Riding pants or jeans, riding boots, layers

Do you have your own saddle to bring to camp? _____

Please fill out accompanying release and waiver

Print Name: _____ Relationship: _____

Signature: _____ Date: _____