*Summer Camp Registration 2021*

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate for which camp you are registering.***

\_\_\_\_\_ 1st Session: Monday June 13st to Thursday June 16th

***Horseback Riding Experience***

***Has the participant:***

Groomed and tacked a horse? Yes No

Taken riding lessons? Yes No If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trotted on a horse? Yes No

Cantered on a horse? Yes No

Jumped a horse? Yes No If yes, how high? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Been on a trail ride? Yes No

Owned or leased a horse? Yes No If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently enrolled at HSS? Yes No

Camps cost is $400.00 for the week. No person can be accepted for riding instruction until this form has been completed by the parent/ guardian. No form will be accepted without the $100 non-refundable deposit. Balance due 2 weeks prior to start date of camp.

Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by High Standards Stables or Hinckley Equestrian Center.

There will be no refunds made for a camper leaving during the session for which s/he has registered. A camper who exhibits any conditions that are harmful to themselves or others will be dismissed with no refund of fee.

**I HAVE READ THIS ENTIRE RELEASE AND FULLY AGREE TO ITS CONTENTS.**

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE

Form of payment: chk #\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_ Amount of payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_