

# GRACE RIDING STABLES



# Summer Camp Application

## CAMPER INFORMATION

CAMPER NAME	AGE	
ADDRESS	PHONE	
CITY	STATE	ZIP
SCHOOL	GRADE	

HOW DID YOU HEAR ABOUT US?

ANY PREVIOUS RIDING EXPERIENCE? WHAT TYPE? HOW LONG?

## SUMMER CAMPS

- June 9 – June 13
- June 16 – June 20
- June 23 – June 27
- July 7 – July 11
- July 14 – July 18
- July 21 – July 25
- July 28 – August 1
- August 4 – August 8
- August 11 – August 15

## PAYMENT AND COST INFORMATION

Checks should be made payable to Grace Riding Stables.

Full payment is required to reserve camp space and is non-refundable.

Deposits are not accepted.

Required—Camp Tuition Number of weeks \_\_\_\_\_ x \$270.00 = \$ \_\_\_\_\_

Optional—Grace T-shirt Number of shirts \_\_\_\_\_ x \$18.00 = \$ \_\_\_\_\_

**Size (circle one) S M L (adult or youth?)**

**(circle one) Youth Adult Grand Total = \$ \_\_\_\_\_**

## ADDITIONAL INFORMATION

Extended care available upon request for \$5.00 per slot per day (8:00–9:00am; 4:00–5:00pm). Please do not include this payment with your camp tuition.

Camp Director—Paula Jones at 512.632.1668.

## SEND PAYMENT TO

Grace Riding Stables  
1651 Ct Rd 140  
Georgetown, TX 78626

**Please mail this form and include your non-refundable check, application, and immunization records.**

Check out our website at [www.GraceRidingStables.com](http://www.GraceRidingStables.com)

# HEALTH AND EMERGENCY INFORMATION

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CAMPER NAME

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HOME ADDRESS

CITY

STATE

ZIP

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AGE

BIRTHDAY

HEIGHT

WEIGHT

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Grace Riding Stables representatives to obtain medical treatment for my child, and I give consent for medical treatment in my absence. I am responsible for medical payment.

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PARENTAL SIGNATURE

DATE

## IMMUNIZATIONS AND DRUG ALLERGIES

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TUBERCULIN TEST DATE

RESULT

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ALLERGIES

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CURRENT MEDICATIONS

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DIETARY RESTRICTIONS

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INJURIES/DISABILITIES

A photocopy of your child's immunization records are required and should be attached to this application.

## EMERGENCY CONTACTS

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NAME

PHONE NUMBER

DAY PAGER/CELL

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MOTHER

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FATHER

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DOCTOR

## MEDICAL INSURANCE

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INSURANCE COMPANY

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INSURED NAME

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PHONE NUMBER

ID #

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GROUP NUMBER

PLAN NUMBER

## LIABILITY RELEASE

The undersigned assumes total responsibility and risk of injury to self or minor child, and holds harmless Grace Riding Stables (owners, counselors, aides, secretary) for any injury to campers, horses, and spectators. The undersigned assumes total responsibility for all payments and medical treatment. The undersigned understands that Grace Riding Stables does not have medical insurance. Grace Riding Stables strongly recommends parents to provide campers with medical insurance. The undersigned has read and understands contract terms.

**\*WARNING\* \*\*Under Texas Law (Chapter 87, Civil Practice and remedies code) an Equine Professional is not liable for an injury to or death of a participant in Equine activities resulting from the inherent risks of Equine Activities.\*\***

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PARENTAL SIGNATURE

DATE