

Spring Break and Summer Camp Application 2012

Grace Riding Stables

1651 CR 140, Georgetown, Texas 78626 512 632 1668

English riding lesson, barn lesson, bible study, arts and crafts, games and more

CAMPER INFORMATION

Name Age

Parent's/Guardian's Name

Address Phone

City State Zip

Email

How did you hear about us?

School and grade

How much riding experience 1 hour _____ 2 – 10 hours _____

10 – 20 _____ accomplished rider _____

Session Dates, please mark all that apply

Spring Break Camp March 12th – 16th ___

Summer Camp Dates (July and August camp dates are not set, yet)

___ June 4th – June 8th

___ June 11th – June 15th

___ June 18th – June 22nd

___ June 25th – June 29th

PAYMENT AND COST INFORMATION

Required – Camp tuition: number of weeks ____ x \$295.00 = \$ ____

Optional – Grace T-shirt: number of shirts ____ x \$18.00 = \$ ____

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

Please mail this form, your check and copy of immunization records and send to:

Grace Riding Stables
1651 Ct Rd 140
Georgetown TX 78626.

Extended care is available upon request for \$10.00 per hour. 8.00 am to 9.00am and 4.00 pm to 5.00pm/6.00pm. Payable on a daily basis at sign in and pick up.

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, instructors, 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 from the inherent risks of Equine Activities ***

Signature Date

HEALTH AND EMERGENCY INFORMATION

Camper Name Age Height Weight

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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

Parental signature Date

DRUG or FOOD ALLERGIES

Allergies

Current Medications

Dietary Restrictions

Injuries/disabilities

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

EMERGENCY CONTACTS

Name (Mother/Father) Phone Mobile

Other contact relationship Phone Mobile

Doctor Phone Mobile

MEDICAL INSURANCE

Insurance Company

Insured Name

Phone number

ID #

Group number

Plan #