

# Spring Break and Summer Camp Application 2010

## Grace Riding Stables

1651 CR 140, Georgetown, Texas 78626 512 632 1668  
*English riding lesson; barn lesson, bible study, arts and crafts, swimming, games and more*

### CAMPER INFORMATION

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Name \_\_\_\_\_ Age \_\_\_\_\_

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Parent's/Guardian's Name \_\_\_\_\_

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Email \_\_\_\_\_

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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 15<sup>th</sup> – 19<sup>th</sup> \_\_

Summer Camp Dates

<input type="checkbox"/> June 7 <sup>th</sup> – June 11 <sup>th</sup>	<input type="checkbox"/> July 5 <sup>th</sup> – July 9 <sup>th</sup>	<input type="checkbox"/> Aug 2 <sup>nd</sup> – Aug 6 <sup>th</sup>
<input type="checkbox"/> June 14 <sup>th</sup> – June 18 <sup>th</sup>	<input type="checkbox"/> July 12 <sup>th</sup> – July 16 <sup>th</sup>	<input type="checkbox"/> Aug 9 <sup>th</sup> – Aug 13 <sup>th</sup>
<input type="checkbox"/> June 21 <sup>st</sup> – June 25 <sup>th</sup>	<input type="checkbox"/> July 19 <sup>th</sup> – July 23 <sup>rd</sup>	<input type="checkbox"/> Aug 16 <sup>th</sup> – Aug 20 <sup>th</sup>
<input type="checkbox"/> June 28 <sup>th</sup> – July 2 <sup>nd</sup>	<input type="checkbox"/> July 26 <sup>th</sup> – July 31 <sup>st</sup>	

## 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.

## HEALTH AND EMERGENCY INFORMATION

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Camper Name	Age	Height	Weight
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### 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.

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<b>Parental signature</b>	<b>Date</b>
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DRUG or FOOD ALLERGIES

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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 (Mother/Father)	Phone	Mobile
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Other contact relationship	Phone	Mobile
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Doctor	Phone	Mobile
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## 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 #

## 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 Activates \*\*\*

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Signature

Date