

Camper: _____ Age: ____ Week: _____

RHPH/Big Oak Equestrian Center 2017 Summer Horse Camp Registration Form

Camper Information

First _____ Last _____

Male ____ Female ____

Street Address _____

Town/City _____ State ____ Zip code _____

Child's Home Phone _____

Does child have horse experience? Yes/No

If yes, please explain:

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ State ____ Zip Code _____

Contact Phone _____

E-mail _____

Employer _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

Town/City _____ State ____ Zip Code _____

Contact Phone _____

E-mail _____

Employer _____

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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Phone _____

Email _____

Relation to child _____

If applicable, please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____

2: _____

3: _____

Medical Release Information

Name of Medical Insurer _____

Primary Care Physician _____

Hospital _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Is your child allergic to any type of food or environmental allergen (hay, cat hair, etc.)?

Yes___ No___ If yes, explain:

Does your child require a special diet?

Yes___ No___ If yes, explain:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

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I understand that Big Oak Equestrian Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about the Big Oak Equestrian Center Summer Horse Camp.

Facebook Website Word of Mouth Flyer Craigslist Other _____

Photo Release: We often take pictures of camp events to use for web site, social media, and other promotional materials relevant only to horse camp or RHPH/Big Oak events, posts, or functions. If it is **not OK** that we use pictures of your camper, please initial below

Confirmation of Pricing and Dates

Please confirm which week/s your child will be attending camp:

June _____

July _____

Payment

Payment can be made via PayPal via our web site or funds can be sent to email: showdiva1@gmail.com, or check or money order made out to **Rhonda Heiner** and mailed to PO Box 1762, Morgan Hill, CA 95038.

IMPORTANT: Please note that checks or M.O.s made out to Big Oak Equestrian Center or other party will be subject to return.

Cash also accepted and can be dropped by the barn during business hours. Please let us know 24 hours in advance so that we can arrange to be there to meet you.

Deposit & Dues

A \$40 non-refundable deposit is required at time of registration. Full payment is due first morning of camp but can be made any time before camp as well.

After-Hours Care

We offer childcare for \$10 per hour after 2:30 PM drop-off and up until 5:30 PM during camp days. If opting for after-hours care, completed agreement form should be submitted the first day of camp so that

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we can staff and schedule accordingly. Form can be found on web site or requested as attachment, or hard copy can be provided at barn. Payment for after-hours care is CASH ONLY.

Parent/Guardian Initials _____

Terms of Agreement

Big Oak Equestrian Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature _____

Printed Name _____

Date: _____