

Free Spirit Stables



2009 Summer Riding Camp

Youth will learn to “care” for, tack and groom horses and ponies, ride a basic balance seat and practice a variety of warm-up exercises, play games with walk cross rails plus more for advanced riders. At the end of the week a show will be presented to the parents so they can see the skills their children have learned. Free Spirit Stables has safe riding rings where kids will learn riding and caring for horses through the hands-on approach. Arts and crafts as well as water activities will be part of the program. Helmets and boots are provided at no additional cost (feel free to bring your own if you have them), but closed toe shoes are required.

Youth will need to bring a non-perishable lunch, a water bottle, a beach towel, and sunscreen.

Ages:	5 & Up
Sessions:	6/22 – 6/26 6/29 – 7/3 7/13 – 7/17 7/20 – 7/24 8/3 – 8/7 8/17 – 8/21
Hours/Fee:	9 a.m. – 3 p.m. \$200.00/week (if own transportation is provided) 7 a.m. – 6 p.m. \$250.00/week (if own transportation is provided) \$275.00/week (for pick-up)
Pick-Up:	7:30 – 7:45 FSK Mall (Sears) 8:00 – 8:15 Staley Park

Free Spirit Stables 2009 Summer Riding Camp Health Form

Please fill out one form per person
This information is needed for Summer Riding Camp participants only

CHILD'S NAME _____ AGE _____ DOB _____ SEX _____

EMAIL ADDRESS

MOTHER'S NAME _____ HOME PHONE _____
WORK PHONE _____
CELL PHONE _____

FATHER'S NAME _____ HOME PHONE _____
WORK PHONE _____
CELL PHONE _____

ALLERGIES: (Medications, Foods, Bee Stings, Dust, Weeds, etc.) _____

MEDICATIONS: List only those that will be sent with camper, list how they are to be administered and any side effects. ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE / PACKAGE WITH THE NAME OF THE CHILD AND DOSAGE PRINTED ON THE LABEL.

Often children request Tylenol; may Free Spirit Stables give your child the recommended dosage of Children's Tylenol? YES NO
I authorize Free Spirit Stables to administer the above named medication to my / our child.

Signature _____

PERTINENT HEALTH PROBLEMS: (Heart murmur, Diabetes, Asthma, Seizures, etc.) _____

DATE OF LAST TETANUS SHOT: **(Must have this date or registration will be returned)** _____

DOCTOR'S NAME: _____ PHONE: _____

INSURANCE _____

Does your child have any physical or mental disability, medical conditions, or behavioral problems we should be aware of? YES NO
If yes, explain _____

If we cannot contact you in case of emergency, whom should we contact? NAME _____
PHONE _____

NAMES OF ADDITIONAL PERSONS AUTHORIZED TO PICK UP CHILD DAILY: Please list all possible names. These names also need to be contacts for emergency pick-up if you cannot be reached.

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Riding Ability if any (what level they last achieved): _____

PARENT NAME PRINTED _____ *Parent Signature* _____

Free Spirit Stables

2009 Summer Riding Camp Liability Waiver

CHILD'S NAME _____ AGE _____ SEX _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

Total amount due \$ _____ Amount enclosed \$ _____ Check # _____

2009 Summer Riding Camp Sessions: (Please check desired sessions)

____ Session 1 – 6/22-6/26

____ Session 3 – 7/13-7/17

____ Session 5 – 8/3-8/7

____ Session 2 – 6/29-7/3

____ Session 4 – 7/20-7/24

____ Session 6 – 8/17-8/21

AGREEMENTS AND DISCLAIMERS

AGREEMENT: In signing this agreement for my child, I certify that he/she is able to participate fully in the program unless otherwise stated in writing to Free Spirit Stables. You may withdraw from any programs with no penalty until May 15th. After May 15th date you will forfeit all costs unless placement is filled from waiting list. I understand and agree to the policies and tuition obligations stated here and in the Free Spirit Stables brochure/website.

PARENT OR GUARDIAN SIGNATURE: _____

I give Free Spirit Stables permission to use any photographs or video displays of my child for promotional purpose or other legitimate reason.

PARENT OR GUARDIAN SIGNATURE: _____

REGULATIONS: The directors reserve the right to ask any person who is disruptive in any way not to return. Due to the variety of activities and open areas, for the safety of your child, it is essential that he/she can follow directions. There will be no refunds for persons asked not to return.

INFORMED CONSENT AND RELEASE OF LIABILITY. In consideration of the participant, _____ being allowed to participate in the programs conducted by Free Spirit Stables and to engage in all activities related to the programs, including but not limited to those listed in the brochure/website, I, the undersigned, on behalf of myself and the above-named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, Free Spirit Stables and its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorneys fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above-named participant in the program.

(PLEASE INITIAL) _____

I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above-named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above-named participant, any and all risks of injury and death.

(PLEASE INITIAL) _____

I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above-named participant's participation in these programs. I also acknowledge that it has been recommended that the above-named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above-named participant has either had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above-named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above-named participant in these programs.

(PLEASE INITIAL) _____

I certify that I have read and understand all of the foregoing and that, by signing this Informed Consent and Release of Liability, I intend to be bound legally and to bind the above-named participant, and our respective heirs, executors, administrations, successors and assigns.

Participant's Name: _____ **Date:** _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____