

# GREYDEN EQUESTRIAN FACILITY SUMMER RIDING CAMPS



## PERSON/HEALTH INFORMATION REGISTRATION AND HARMLESS WAIVER

*(This form must be on file to ensure your space is reserved)*

Please fill out this online form and email or print, and return to Greyden Equestrian Facility.

Campers must be 7 years of age as of the end of 2017 to be able to attend camp.

## SUMMER 2019 SESSION DATES AVAILABLE

Check off week(s) desired. Detailed information can be found at [www.gredenequestrian.com](http://www.gredenequestrian.com)

- Session One:** Scrapbook One – July 22nd to July 26th  
5 day camp with one night sleepover – \$350 per camper\*
- Session Two:** Boot Camp/Show Camp – July 30th to August 4th  
6 day camp with one night sleepover – \$450 per camper\*
- Session Three:** Pony Pals – August 6th to 8th  
4 day camp with no sleepover – \$250 per camper\*
- Session Four:** Full Immersion – August 12th to 16th  
5 day camp with one night sleepover – \$350 per camper\*

Each Session requires full payment upon registration. Applicable taxes are included in fees and receipts are available upon request. \* Includes one Greyden Farms T-shirt per camper.

\_\_\_\_\_ **Baseball Caps available** at \$15 each (indicate quantity at left)

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Emergency contact and phone: \_\_\_\_\_

Doctor's name and phone: \_\_\_\_\_

Health Card number: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

Please explain any medical information that we should know about: \_\_\_\_\_

## HARMLESS WAIVER PARENT'S SIGNATURE REQUIRED

I understand that riding is a risk sport. I realize that while riding or while at Greyden Farms, there is a possibility of a fall may cause serious boldily injury. I will not hold Greyden Farms, it's owner, employees or associates responsible for any injury or damage to any person or property.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I do \_\_\_\_\_ or do not \_\_\_\_\_ give consent for \_\_\_\_\_ to use the trampoline.

Signed: \_\_\_\_\_