



# SUMMER PROGRAM PERMISSION FORM

## Rider Info

Full Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Check your experience Level:

- Walk/Trot
- Walk/Trot/Canter
- Walk/Trot/Canter/Jump

## Parental Contact Info

Parent Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Emergency Contact Name and Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Please Circle weeks you will be attending:

Week 1 6/23-6/27	Week 2 6/30- 7/3( <b>no camp 7/4</b> )	Week 3 7/7-7/11	Week 4 7/14-7/18	Week 5 7/21-7/25
Week 6 7/28-8/1	Week 7 8/4-8/8	Week 8 8/11-8/15	Week 9 8/18-8/22	Week 10 (IEA) 8/25-8/29

Total Weeks: \_\_\_\_\_

In the event that no one can be reached, I certify that my child may receive emergency medical care. I also give permission for my child to participate in camp activities, including riding, horsemanship, games, arts, crafts, and more.

Weekly tuition is \$825.00.

\$400.00 deposit per week due at time of reservation.

Your balance is due Friday before week in attendance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only:*

*Paid:*

*Date:*

*Payment Method:*

*Approved By:*